



RAPID REFERRAL FORM

Dr. M. Carl Covey, *Clinic Medical Director*

Dr. Iden M. Cowan

Dr. Mikhail Ivanovsky

Dr. Emy Ramsay

Dr. Noadia Worku

Dr. Ahmad Rafi, *ASC Medical Director*

Dr. Rob Baker

Dr. Ronald Tilley

Dr. Meraj Siddiqui

Name: _____ Date of Birth: _____

SS#: _____ Phone #: _____ Alternate: _____

Address: _____ City: _____ State: _____ Zip: _____

Insurance Information: Please send a copy of the front & back of card

Company Name: _____

ID #: _____ Group #: _____ Phone: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Referring Physician: _____

Phone #: _____ Fax #: _____ Contact Name: _____

Call Center 501-773-6993 or 844-215-0731

Fax Line 888-630-8885

With locations at:

8907 Kanis Rd, Suite 400
Little Rock, AR 72205

4020 Richards Rd, Suite A
N. Little Rock, AR 72217

8608 Dollarway Rd (Hwy 365)
White Hall, AR 71602

2425 Dave Ward Dr, Ste 601
Conway, AR 72034

1504 SE 28th St, Suite 8
Bentonville, AR 72712

17 Medical Plaza
Mountain Home, AR 72653

1700 Harrison Street
Batesville, AR 72501

1115 S. Main St.
Searcy, AR 72143

Thank you for allowing us to participate in your patient's care. Please complete and return this information by fax to 888-630-8885. Also please include the latest office note as well as any relevant lab work and imaging. We will contact your office when an appointment is confirmed with the patient as well as when the patient is seen for initial consultation.