

Dana L Wiley, MD PA / Yadira Baez-Lockard, Psy.D.,LLC

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NEW PATIENT REFERRAL FORM

Referral to Dr. Wiley: Phone: (864) 220-9115 Piedmont Fax: (864) 220-9513/Anderson Fax: 864-437-8126
Referral to Dr. Lockard: Phone: (864) 520-8152 Fax: (864) 603-1237

Please fax patient information along with relevant medical records, which indicate the specific reason for medication, counseling or testing. Please include any authorizations required.

We do not accept Medicaid for medication management at this time. We only accept cash, commercial insurance or Medicare for prescription of medication

Medicaid, Medicare, commercial insurance & cash may be accepted for certain psychological or counseling services

Date of Referral	
Patient Last Name	
Patient First Name/Middle Initial	
Street Address	
City, State, Zip Code	
Pt. Phone Number	
Patient SS#	
Patient DOB/Age	
Insurance Name	
Insurance Phone	
Insurance Policy #	
Guarantor	
Insured DOB	
Referral to:	<input type="checkbox"/> Wiley <input type="checkbox"/> Lockard <input type="checkbox"/> First Available
Referral Source Name	
Referral Source Phone/Fax	
Authorization Number	
Authorization Coverage Dates	
Clinical Reason for Referral	
Psychiatric Medications	
Services Requested check all that apply	<ul style="list-style-type: none"> <input type="checkbox"/> Medication (We do <u>not</u> accept Medicaid for medication management) <input type="checkbox"/> Suboxone (Please call 864-220-9115) <input type="checkbox"/> Therapist/Counseling <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychological Testing <input type="checkbox"/> Forensic Services <input type="checkbox"/> Specific Provider: _____

Preferred Location:	<input type="checkbox"/> Piedmont <input type="checkbox"/> Anderson
Disposition (Internal):	