



Patient Referral Form

Please fax this form to CVI at 404-875-4568

Patient Name: Samuel Jackson

Date of Birth: 6/4/72 Patient's Phone: 847-292-8014

Address: 1643 Elmwood Drive

City/State/Zip: Treeslane, NY 10027

Preferred Contact Name and Number (if other than patient): —

Diagnosis: Retinal Detachment

Visual Acuities: Distance cc OD: 20/40 cc OS 20/60

Visual Fields (please fax field chart if available): —

Referred by:

Physician's name (please print): John A Travolta
First Middle Last

Physician's signature: Peter Shedd

UPIN: — NPI: 1134562341 Phone: 724-891-0707

Address: 583 Raven Lane

City, State, Zip: Elmsford, NY 10734

Referral Date: 8/28/24 Date of Office Visit: 8/25/24

How did you hear about CVI: —

Questions? Contact Client Services at 404.875.9011

Anthem 



Health and Wellness Services
UNIVERSITY OF COLORADO BOULDER

SAMPLE, JOHN

Member ID: BKJ1234567CB

Group: **L00003**
Plan Code: **051**
RxBIN: **020099**
RxPCN: **WG**
RxGRP: **WLEA**
Products: **Medical/Rx**

**Underwritten by Rocky Mountain
Hospital and Medical Service, Inc.**

Office Visit \$40 / Spec \$40 / MH \$20
ER Co-pay **\$150**
Urgent Care Co-pay **\$75**
Deductible **\$500**

Rx Co-pay \$25 / \$45 / \$75
Deductible & coinsurance may apply
CO-DOI

University of Colorado Boulder has hired AmeriBen to handle member contact for health plan administration. See back for contact information.



Rx

1112-XX 4C36 0820015--01--M(J)00V0

20200611T43 Sh: 0 Bin 1
J041 Env [1] CSets 1 of 1



Patient Identification Form**Identification Information**Today's Date: 04 / 30 / 2025**Name:**Sarah

(first)

Jane

(middle)

Thompson

(last)

DOB (mm/dd/yyyy): 05 / 12 / 1985**Current Address:**123 Maple Street

(street)

4B

(apt)

Riverdale

(city)

NY

(state)

10463

(zip)

Current Phone Number: (212) 555-7890Email Address: sarah.thompson@email.comMother's Name: Elizabeth ThompsonFather's Name: Robert ThompsonEmergency contact (relationship may be listed): Michael Thompson (Brother) - (212) 555-4321**Allergies:**Penicillin, Shellfish, Peanuts**Medications you are taking:**Lisinopril 10mg daily, Levothyroxine 50mcg daily, Vitamin D 2000 IU

The WCC considers all important health topics and affordable healthcare access a priority. World Central medical professionals are here to assist you in the transition to your usual doctor.

Yes No

**Please note: All visits provided by the WCC Traditional Village or its Divisions, (those all personally or medically required for each of our patients, if you receive a bill, we ask that you contact the clinic immediately) are completely free of charge. Please bring this form to your appointment. Thank you for your time and your patience contacting us for services.*