

**New Creation Healing Center**  
80 Route 125, Kingston, NH 03848-3535  
Phone: (603) 642-6700 Fax: (603) 642-6701  
www.newcreationhc.org

**To:** \_\_\_\_\_ **From:** New Creation Healing Center

**Fax:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Re:** Referral **Pages:** \_\_\_\_\_

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED SOLELY FOR THE USE OF THE ADDRESSEE LISTED ABOVE. THIS FACSIMILE MESSAGE MAY CONTAIN INFORMATION WHICH IS PRIVILEGED AND CONFIDENTIAL UNDER BOTH STATE AND FEDERAL LAW. IF YOU ARE NEITHER THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS INFORMATION TO THE RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR TAKING OF ANY ACTION IN RELIANCE ON THE CONTENT OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED.

**•Patient must fill out ALL information before a referral can be generated:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Appt: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Insurance #: \_\_\_\_\_

Relationship to Insurance Subscriber: \_\_\_\_\_

Specialist Name: \_\_\_\_\_ Specialist NPI #: \_\_\_\_\_

Specialist's Address: \_\_\_\_\_

Specialist's Phone #: \_\_\_\_\_ Specialist's Fax #: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Is the reason work related? Y N Is the reason Auto Accident Related? Y N

**• For New Creation Healing Center Use Only**

Referral Authorization #: \_\_\_\_\_

# of Visits Approved: \_\_\_\_\_ Referral Duration: \_\_\_\_\_ - \_\_\_\_\_  
Start Date End Date

Referring physician \_\_\_\_\_  
Mary Pearson, DO

Anthem Provider #0402141YPNH01 Cigna MA Provider #B10383301 Cigna NH Provider #15221  
Harvard Pilgrim Provider #F30970