

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Parent/Legal Guardian: _____

Contact Phone Number: _____ Alternate Phone Number: _____

Patient Insurance: _____

See back page for participating insurance companies.

Reason for Referral or Consult: _____

PREMIER ALLERGIST LOCATIONS

MARYLAND

Annapolis
P 410-974-8332 | F 410-571-3961

Baltimore/Dundalk
P 410-282-2903 | F 443-503-5894

Bel Air
P 410-638-1999 | F 410-638-6355

Bowie
P 301-833-0001 | F 301-262-1178

Columbia
P 410-964-3888 | F 410-964-4405

Ellicott City
P 410-772-8000 | F 410-461-4000

Frederick
P 301-662-1244 | F 301-662-0552

Germantown
P 301-972-9433 | F 301-972-2767

Glenn Dale
P 301-860-1200 | F 301-860-0050

Greenbelt
P 301-474-8118 | F 301-345-1271

Hagerstown
P 240-267-2216 | F 240-513-7237

North Bethesda
P 240-747-5750 | F 240-747-5753

Pikesville
P 410-486-2000 | F 410-486-0825

Rockville
P 301-869-7820 | F 301-762-2541

Silver Spring
P 301-681-6055 | F 301-681-9670

Towson
P 410-321-0284 | F 410-321-0286

Westminster
P 410-857-7900 | F 410-857-1150

VIRGINIA

Alexandria
P 703-778-8201 | F 703-888-3949

Arlington
P 571-229-5081 | F 571-970-2442

Fairfax
P 703-573-4440 | F 571-282-3356

Falls Church
P 703-534-5500 | F 703-534-4838

Henrico
P 804-527-1190 | F 804-527-1199

Midlothian
P 804-794-9477 | F 804-794-1793

Reston
P 703-437-5151 | F 703-437-4972

Woodbridge
P 703-490-5803 | F 703-490-6443

WASHINGTON, DC

Dupont Circle
P 202-861-8888 | F 202-861-8887

Foxhall Square
P 202-966-7100 | F 202-966-2196

PENNSYLVANIA

Chambersburg
P 410-974-8332 | F 410-571-3961

Bethlehem Township
P 610-954-9260 | F 610-954-9265

Referral Information

Referring Provider: _____ Referring Provider NPI: _____

Sent by (Person sending this form): _____

Referring Phone Number: _____ Referring Fax Number: _____

We accept a comprehensive list of insurance providers and are available to assist with financial counseling and insurance verification prior to a patient's visit. Most insurance policies do not require a referral to see an allergy specialist. If the patient's insurance requires a referral from their PCP to see a specialist, please include the referral with this form. Please contact the clinic directly for a complete list of accepted insurance providers.

MARYLAND & D.C.

- BCBS PPO
- CIGNA
- UNITED HEALTHCARE UHC
- BCBS BLUECHOICE HMO
- AETNA PPO
- MEDICARE
- AETNA HMO
- AMERIHEALTH CARITAS
- COMMERCIAL
- MEDICAID MCO
- BCBS BLUECHOICE HMO
- AMERIGROUP
- PRIORITY PARTNERS
- MARYLAND PHYSICIANS CARE
- UHC MEDICAID

PENNSYLVANIA

- BCBS PPO
- AMERIHEALTH CARITAS
- BCBS HIGHMARK
- AETNA PPO
- UNITED HEALTHCARE UHC
- BCBS CAPITAL
- MEDICARE
- MEDICAID MCO
- TRICARE
- CIGNA

VIRGINIA

- BCBS PPO
- UNITED HEALTHCARE UHC
- CIGNA
- AETNA PPO
- MEDICARE
- BCBS BLUECHOICE HMO
- TRICARE
- AETNA HMO
- UHC MEDICAID
- FEDERAL/VETERANS

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