SIU SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
STUDENT HEALTH SERVICES

Referral Form

374 E. Grand Ave. • Mail Code 6740 • Carbondale, IL 62901 • P: 618-453-4413 • F: 618-453-4440 • shc.siu.edu

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Dawg Tag #: _____ Phone: _____ DOB: _____

Referred by: _____ Diagnosis: _____

Note: Please take this form to the Student Health Services' Insurance Office for explanation of benefits prior to appointment with the specialist. *This step must be followed.*

Referred to:

Provider/Specialist Name_____

Speciality Name: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Reason for referral: _____

Clinical History: _____

_____

Prodecures:_____

_____

Date of Onset: (required) _____ ☐ Please check if athletic

IMPORTANT: PLEASE SEND A COPY OF YOUR EVALUATION TO ME AT THE ADDRESS BELOW!!

THIS IS A REFERRAL ONLY. I understand that a referral is not a guarantee of payment. This referral is only valid for one (1) year from original date of issue and is contingent upon enrollment. For details concerning benefits, refer to the Extended Medical Benefit Plan Brochure. Student insurance will be Excess if other insurance is available. For payment to be considered, a medical summary, itemized statement, claim form, and explanation of benefits from other insurance companies are required.

Date: _____ Student Signature: _____

Mailing Address: Student Health Services, Student Insurance Office, Mail Code 6740, Southern Illinois University Carbondale, IL 62901

Date: _____ Signed: _____Medical Insurance Specialist

Enrollment Verification: Current Semester: _____ Fall 20__ Spring 20__ Sum 20__

BROCHURE GIVEN _____