



Insurance Referral Request

HeartPlace and _____ have a mutual patient.

The patient listed below requires a referral in order to be seen by our provider.

Patient Name:

Patient DOB:

Richard Ammar, MD, NPI 1245210327
Peter Frenkel, MD, NPI 1740398304
Vikas Jindal, MD, NPI 1033126321
Rikesh Patel, MD, NPI 1760641377
Brent Patterson, MD, NPI 1487615274
Adam Reynolds, MD, NPI 1851658900

PHONE: 214-635-5701
FAX: 844-289-7691

In our office on ____/____/____ and **current DX** _____

Please fax this information to **844-289-7691** and include this request as your cover sheet.
Your prompt attention to this matter is greatly appreciated.

Thank you,

HeartPlace