



**MedsurgAR<sup>®</sup>**

Personal Injury Healthcare Consulting

**MEDSURG A/R SERVICES INC**

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**REFERRAL**

[www.medsurgar.com](http://www.medsurgar.com)

Liaison: ART MINGUEZ

Date: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Address, City, State, ZIP: \_\_\_\_\_

Insurance: \_\_\_\_\_

Address: \_\_\_\_\_

Adjuster: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Policy#: \_\_\_\_\_ Group: \_\_\_\_\_

Primary Insured: \_\_\_\_\_ Insured DOB: \_\_\_\_\_

Work Comp: Claim#: \_\_\_\_\_ DOI: \_\_\_\_\_

**Arthur Minguez MBA**  
President

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Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address, City, State, ZIP: \_\_\_\_\_  
\_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

**Arthur Minguez MBA**  
President

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