



INDIANA NEUROSCIENCE ASSOCIATES

Work Comp Referral Form

Secure upload to www.indiananeurologist.com

FAX to: (317) 774-2490

Work Comp Hotline: (317) 570-2279

Michael H. Levine M.D.

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Caryn Vogel, M.D.

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Karen Klutzke, MS, PA-C

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Heather Lutz, NP

Contact Information

Date of Referral: _____

Case Manager Name: _____

Case Manager Phone and Fax: _____

Claim Adjuster Name: _____

Claim Adjuster Phone and Fax: _____

Patient Information

Patient Name: _____ Phone: _____

Date of Birth: _____ Date of Injury: _____

Insurance Company: _____ Claim #: _____

Referring Physician (if applicable): _____

Referring Physician Phone and Fax: _____

Patient Diagnosis: _____

Neurology Consult:

EMG Electromyography/Nerve Conduction Velocity:

RUE LUE Bilat Upper Ext RLE LLE Bilat Lower Ext

Indiana Neuroscience Associates Contact Information

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For Indiana Neuroscience Associates Use Only:

Form Will Be Faxed Back To Case Manager Once Appointment Is Scheduled

Appointment Date: _____ Time: _____

Physician: _____ Location: _____

Indianapolis

(Meridian Street)

9302 N. Meridian St., Suite 101

Indianapolis, IN 46260

Noblesville

(Riverview)

18051 River Avenue, Suite 105

Noblesville, IN 46062

Company Main Number

(For scheduling at all locations)

(317) 570-7900