

Nephrology & Hypertension Associates, P.C.
850 Straits Turnpike
Middlebury, CT 06762
Phone: 203-758-1800 / Fax: 203-758-1804

Ambulatory Blood Pressure Monitor Referral

Date: _____ Referring Physician: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ DOB: _____

Insurance Info:

Primary: _____ Pt/Spouse ID#: _____

Circle One

Secondary: _____ Pt/Spouse ID#: _____

Circle One

Pre-Auth & Referral # if required: _____

Diagnosis: *Circle Diagnosis Code or provide ICD9 if "Other" Diagnosis is used*

796.2 Elevated BP reading without diagnosis of HTN

401.1-405.99 *Hypertensive Disease* Specify Code _____

458.0 *Orthostatic Hypotension

780.2 *Syncope

Other Diagnosis Must Provide ICD9 Code

Relevant History: _____

**Supporting documentation (progress note) is required for all diagnostic codes other than 796.2. Appointment cannot be scheduled until all documentation is received

Please notify your patient this may not be covered by their Insurance Carrier. A Service Fee (\$50) may be billed to the patient if the diagnosis code is not reimbursed.

MD Signature: _____ Date: _____

Please fax this form with supporting documentation to us at 203-758-1804

Please retain a copy of this form in the patient's record

Thank You!

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