



151 Parkview Drive • Millersburg, OH 44654
 HealthPoint • 3727 Friendsville Rd, Wooster, OH 44691
 Phone: (330) 473-4525 FAX: (800) 673-5340

Northeast Ohio Bariatric Medicine Referral Form

Robert A Hart, MD

Patient Name	
DOB	
Phone	
Street	
City, State, Zip	
Soc Sec	

Insurance	
Group #	
Member #	
Insurance Address	
Reason for Consult	
Referring Physician	
Report Desired (check box)	<input type="checkbox"/> Fax of Consultation Report (suggested method) <input type="checkbox"/> Letter <input type="checkbox"/> Personal Phone Call
Secure Fax Number for Consultation Report	

Thank you for your referral. We currently do not directly bill insurance for our services, but will be provide a completed CMS-1500 form to patients for submission to their insurance company if desired.

Please fax completed form to: (800) 673-5340