

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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

*See back page for participating insurance companies.*

Reason for Referral or Consult: \_\_\_\_\_

**PREMIER ALLERGIST LOCATIONS**

**MARYLAND**

**Annapolis**  
P 410-974-8332 | F 410-571-3961

**Baltimore/Dundalk**  
P 410-282-2903 | F 443-503-5894

**Bel Air**  
P 410-638-1999 | F 410-638-6355

**Bowie**  
P 301-833-0001 | F 301-262-1178

**Columbia**  
P 410-964-3888 | F 410-964-4405

**Easton**  
P 410-822-5575 | F 410-770-3258

**Ellicott City**  
P 410-772-8000 | F 410-461-4000

**Frederick**  
P 301-662-1244 | F 301-662-0552

**Germantown**  
P 301-972-9433 | F 301-972-2767

**Glenn Dale**  
P 301-860-1200 | F 301-860-0050

**Greenbelt**  
P 301-474-8118 | F 301-345-1271

**Hagerstown**  
P 240-267-2216 | F 240-513-7237

**North Bethesda**  
P 240-747-5750 | F 240-747-5753

**Pikesville**  
P 410-486-2000 | F 410-486-0825

**Rockville**  
P 301-869-7820 | F 301-762-2541

**Silver Spring**  
P 301-681-6055 | F 301-681-9670

**Towson**  
P 410-321-0284 | F 410-321-0286

**Westminster**  
P 410-857-7900 | F 410-857-1150

**PENNSYLVANIA**

**Chambersburg**  
P 410-974-8332 | F 410-571-3961

**Bethlehem Township**  
P 610-954-9260 | F 610-954-9265

**VIRGINIA**

**Alexandria**  
P 703-778-8201 | F 703-888-3949

**Arlington**  
P 571-229-5081 | F 571-970-2442

**Fairfax**  
P 703-573-4440 | F 571-282-3356

**Falls Church**  
P 703-534-5500 | F 703-534-4838

**Henrico**  
P 804-527-1190 | F 804-527-1199

**Midlothian**  
P 804-794-9477 | F 804-794-1793

**Reston**  
P 703-437-5151 | F 703-437-4972

**Woodbridge**  
P 703-490-5803 | F 703-490-6443

**WASHINGTON, DC**

**Dupont Circle**  
P 202-861-8888 | F 202-861-8887

**Foxhall Square**  
P 202-966-7100 | F 202-966-2196

**Referral Information**

Referring Provider: \_\_\_\_\_ Referring Provider NPI: \_\_\_\_\_

Sent by (Person sending this form): \_\_\_\_\_

Referring Phone Number: \_\_\_\_\_ Referring Fax Number: \_\_\_\_\_

*We accept a comprehensive list of insurance providers and are available to assist with financial counseling and insurance verification prior to a patient's visit. Most insurance policies do not require a referral to see an allergy specialist. If the patient's insurance requires a referral from their PCP to see a specialist, please include the referral with this form. Please contact the clinic directly for a complete list of accepted insurance providers.*

**MARYLAND & D.C.**

- BCBS PPO
- CIGNA
- UNITED HEALTHCARE UHC
- BCBS BLUECHOICE HMO
- AETNA PPO
- MEDICARE
- AETNA HMO
- AMERIHEALTH CARITAS
- COMMERCIAL
- MEDICAID MCO
- BCBS BLUECHOICE HMO
- AMERIGROUP
- PRIORITY PARTNERS
- MARYLAND PHYSICIANS CARE
- UHC MEDICAID

**PENNSYLVANIA**

- BCBS PPO
- AMERIHEALTH CARITAS
- BCBS HIGHMARK
- AETNA PPO
- UNITED HEALTHCARE UHC
- BCBS CAPITAL
- MEDICARE
- MEDICAID MCO
- TRICARE
- CIGNA

**VIRGINIA**

- BCBS PPO
- UNITED HEALTHCARE UHC
- CIGNA
- AETNA PPO
- MEDICARE
- BCBS BLUECHOICE HMO
- TRICARE
- AETNA HMO
- UHC MEDICAID
- FEDERAL/VETERANS

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