

Jackson Internal Medicine Clinic Charity Care Referral Form

8198 Walnut Hill Lane, Dallas, TX 75231

Jackson Building – 1st Floor Clinic B

Clinic # (214) 345-8000 Fax # (214) 345-8452

Patient Name /MRN: _____ Rm # _____ Phone: _____

Referring Physician: _____ Phone: _____

Referral Date: _____ Resident Following Patient: _____

Reason for referral /Primary Diagnosis: _____

Level of Urgency:

ASAP/ within 1 week of discharge

Explain Reason: _____

2- 3 Weeks _____

Need Primary Care Home: _____

Signature of referring physician: _____

Unit Ext: _____

Fax Number: _____

Please fax the referral form and demographic sheet. When the referral form has been received by the financial counselors in the JIMC clinic, an in-house charity screening will be arranged. If the application is approved an appointment will be scheduled prior to patients discharged and faxed back to the referring inpatient unit.

Application received: _____

Process date: _____

Application Status: Approved Appointment Date/ Time: _____

Denied Reason: _____