

Jackson Internal Medicine Clinic Charity Care Referral Form

8198 Walnut Hill Lane, Dallas, TX 75231

Jackson Building – 1<sup>st</sup> 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: \_\_\_\_\_