

**Sumana Ketha M.D.**

Board certified in Internal Medicine

DFW Primary Care PLLC

2925 Skyway Cir N Irving, TX 75038

PH#: (972) 639-5838, FAX#: (972) 791-8211

Email: [accounts@dfwprimary.com](mailto:accounts@dfwprimary.com)



## DFW Primary Care PLLC PATIENT REFERRAL FORM

### REFERRING AGENCY

Home Health    Group Home    Assisted Living    Other

Agency : \_\_\_\_\_ Date : \_\_\_\_\_

Contact Person : \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email : \_\_\_\_\_ Fax : \_\_\_\_\_

### PATIENT'S INFORMATION

\*Last Name: \_\_\_\_\_ \* First: \_\_\_\_\_ M.I. \_\_\_\_\_

\*DOB: \_\_\_\_\_ \*Gender: F M \*Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ \*Medicare Number: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_ Building Number: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

\*Alt Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Origin of the Patient being referred: Discharged from Hospital    Other Home Health    New

### MEDICAL HISTORY

\*Diagnosis: \_\_\_\_\_

\*Allergies: \_\_\_\_\_

\*Pharmacy Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

### INSURANCE INFORMATION

\*Primary Insurance Provider: \_\_\_\_\_ Secondary Insurance Provider: \_\_\_\_\_

\*Plan Name: \_\_\_\_\_ Plan Name: \_\_\_\_\_

\*Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**\*IMPORTANT:** Together with this form, please attach a copy of Medical Records, Medical History, Medicare and other Insurance cards.

*I certify that the following information provided is accurate and true.*

**Referral Fax line: (972) 639-5838**

**Main: (972) 791-8211**

All inquiries will be responded in 24 hours during workdays, for all electronic inquiries please send a secure email to [office@dfwprimary.com](mailto:office@dfwprimary.com). You can also refer a patient Online at <https://dfwprimary.com/>. Thank you for your referral.

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## DFW Primary Care PLLC PATIENT REFERRAL FORM

**We are happy to inform you that DFW Primary Care PLLC are now accepting 28 Insurances listed below.**

- ✓ Medicare
- ✓ Medicaid
- ✓ Aetna
- ✓ Amerigroup
- ✓ BCBS
- ✓ Care N Care
- ✓ Cigna
- ✓ Cigna healthspring
- ✓ Coalition America/Stratose
- ✓ Galaxy Healthcare
- ✓ Healthcare Highways
- ✓ HealthEZ
- ✓ HealthSmart
- ✓ Humana
- ✓ Independent Medical Systems(IMS)
- ✓ Multiplan
- ✓ Workers Comp
- ✓ Mutual of Omaha
- ✓ Molina Healthcare
- ✓ Superior Health Plan
- ✓ UHC
- ✓ USA Managed Care Organization
- ✓ Universal American Texan Plus
- ✓ Wellcare
- ✓ Administrative Concepts
- ✓ All savers Insurance
- ✓ Allied Benefit
- ✓ Wellmed

**Note :** DFW Primary Care PLLC accepts above 28 insurances & most insurance plans, including Medicare, Medicaid as well as Superior & Molina.

Before you make an appointment with DFW Primary Care PLLC, please check with your insurance carrier to ensure the physician you wish to see is in your network and covered by your plan. Patients are responsible for paying all out-of-network charges.

For additional information, please contact DFW Primary Care PLLC at (972) 639-5838.