



BCBS SA PHYSICAL EXAM REFERRAL FORM

Ann Arbor Consultation Services
5331 Plymouth Rd Ann Arbor MI 48103 (734) 996-9111

All BCBS Substance Abuse clients are required by BCBS to obtain a physical exam within 3 weeks of their initial substance abuse treatment assessment appointment. Please have your Primary Care Physician (PCP) complete this form and return it via fax as noted below. This form must be completed by your physician **within 3 weeks** of your initial appointment at Ann Arbor Consultation Services, or BCBS will not cover previous (or future) sessions and the cost will be billed to you. We will also need to refer you out of the clinic for further care if the physical exam is not completed.

This section to be completed by AACS Staff

Dr. _____: Please fax this form to (734)996-1950 (Plymouth Rd Office) or
(Name of Physician) *(Check One)* (734)821-0265 (Stadium Location)
and provide the patient a copy also

PATIENT NAME _____ **DOB** _____

AACS CLINICIAN NAME & CREDENTIALS _____

RELEASE OF INFORMATION FORM SIGNED ON _____

DATE OF INITIAL APPOINTMENT _____

This section to be completed by physician

I conducted a physical exam for the above-named patient on the date below. I have recommended:

- Detox (referral to: _____)
- Intensive Outpatient (referral to: _____)
- Continue with Outpatient Substance Abuse Treatment at Ann Arbor Consultation Services

The patient has the following medical conditions/diagnoses:

The patient is taking the following medications:

Comments (if any):

MD Name (Printed)

MD Signature

Date

MD Address & Phone