



Please allow 1-2 business days for appointment confirmations.

Page _____ of _____

FAX COMPLETED FORM TO:
New Patient Scheduling Team
Southside Offices: (757) 459-2740
Peninsula Offices: (757) 873-9889

NEW PATIENT APPOINTMENT REQUEST

Please help us help you and your patient. Complete all sections, providing as much information as possible.

APPOINTMENT SCHEDULING PREFERENCES

You Tell Us How You Would Like For Us To Proceed! (SELECT ONE)

(NOTE: In either case, please initiate the referral process by selecting preference, providing details below and faxing this form. Or call our Schedulers.)

1.) VOA schedulers call patient to schedule appointment date/time*

Please provide best phone # to call patient between 8AM & 5PM (Circle one: Work, Home, Mobile)

Preferred Physician:

[VOA TO COMPLETE | Appointment Date/Time:]

* VOA will contact your office or fax this form to Sender listed below to provide appointment details (line above).

2.) VOA schedulers call referring office to schedule patient** (If selected, please call patient to provide appt. details.)

Who at your office should we contact? Phone #:

Patient prefers to be seen by: OR First Available Appointment? (check if preferred)

Preferred appointment day/time? (Ex: Tues AM, Thurs PM, Any PM)

Preferred location: (circle one)

Southside: Chesapeake, Franklin, Lake Wright/Norfolk, Princess Anne/VA Beach, Harbour View/Suffolk, Obici/Suffolk

North Carolina: Elizabeth City, Kitty Hawk

Peninsula: Gloucester, Hampton, Newport News, Williamsburg

**EVERY EFFORT WILL BE MADE TO ACCOMMODATE APPOINTMENT REQUESTS.

Using a printed demographic sheet? Please provide information from all sections below. To ensure scheduling accuracy, please clearly mark current diagnosis and primary insurance information. Make this your cover sheet! Indicate total number of pages above.

PATIENT'S INFORMATION

Name: Date:

SSN: Gender: DOB:

Home #: Work #: Mobile #:

Address:

(Street Name, Apt. #)

(City)

(State)

(Zip)

PATIENT'S INSURANCE INFORMATION

Primary Insurance: Policy #:

Subscriber Name: Subscriber DOB:

Subscriber SSN:

Secondary Insurance: Policy #:

Subscriber Name: Subscriber DOB:

Subscriber SSN:

REFERRING PHYSICIAN'S INFORMATION

Name: NPI #:

Diagnosis (ie, cancer type, heme, other):

SENDER'S INFORMATION (Please let us know who is sending the fax, so we can provide appropriate updates.)

Name: Phone: Fax:

Problems with scheduling or faxing? Please call our New Patient Schedulers: Southside: (757) 213-5742 | Peninsula: (757) 873-9814