



Please allow 1-2 business days for appointment confirmations.

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

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