



Children's Hospital Los Angeles

International Leader in Pediatrics

Neurology Clinic New Patient Referral Requirements

4650 Sunset Blvd., MS #82, Los Angeles, CA 90027

Phone: 323-361-2471

Fax: 323-361-1109

Please complete and fax to the number above. Thank you!

Date: ____/____/____

Patient First Name: _____ Last Name: _____

ADDITIONAL REFERRAL INFORMATION REQUIRED

Delays in obtaining documentation will delay appointment scheduling

I. CHLA "NEW PATIENT REFERRAL FORM - ALL CLINICS" MUST BE COMPLETED

II. ADDITIONAL PATIENT INFORMATION - NONE REQUESTED

III. CLINICAL DOCUMENTATION REQUESTED (Checklist Below):

- ___ Clinic notes
- ___ Complete patient history
- ___ Lab results
- ___ Reports (MRI, CT, EEG, etc.)

IV. AUTHORIZATION REQUESTED (If non-PPO Patient):

- ___ Authorization for a new patient consultation - CPT Code 99245
- ___ Authorization for EEG (if requested) - CPT Code 95819