Cleveland Clinic

PATIENT REFERRAL FOR GENETIC COUNSELING

Patient Name: _____ Contact Name: _____

Date of Birth: _____/_____/_____ Gender: _____ Contact Telephone #: _____

Address: _____

City/State/Zip: _____

CC #: _____

SS # (optional): _____

Reason for referral, ICD-10 code, diagnosis and/or symptoms: _____

_____

_____

_____

_____/_____

Printed Name of Referring Healthcare Provider *Telephone #*

_____ _____/_____/_____

Signature of Referring Healthcare Provider *Date*

Please mail/fax/email this form along with pertinent records *(including the demographic sheet and a copy of the front and back of the insurance card)* to:

Center for Personalized Genetic Healthcare
Cleveland Clinic
9500 Euclid Avenue, R4
Cleveland, OH 44195
Phone: 216.636.1768
Fax: 216.445.6935
Email: genetics@ccf.org

A patient service representative will contact the patient to schedule an appointment. The patient can also contact us at the telephone number listed above.

The CPT code for genetic counseling is 96040. The ICD10 or diagnosis code which is the reason for the referral is provided by the referring healthcare provider. Presently many insurance payors are recognizing genetic counseling as a covered service. It is the patient's responsibility to check with their payor to see if this is a covered service.