

3645 Ridge Mill Drive  
Hilliard, OH 43026  
Tel: (614) 777-5700  
Fax: (614) 777-5777



1245 S. Sunbury Rd  
Westerville, OH 43081  
Tel: (614) 865-2120  
Fax: (614) 865-2125

*P. Rao Lingam M.D. Michael Orzo M.D. Adil Katabay M.D. Nikesh Batra M.D. Kalyan Lingam M.D.  
Suvinder Chadha, M.D. (Emeritus), Philip Cardwell PA-C, Beth Gatsch PA-C*

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_\_ (C)or(W)

**Insurance Information**

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

BWC Claim#: \_\_\_\_\_ DOI: \_\_\_\_\_

Note: **We are currently not in network with CareSource, Molina, and Aetna Mt. Carmel.**

**Other Info**

Patient Diagnosis: \_\_\_\_\_ ICD-9: \_\_\_\_\_

Your patient will be scheduled for the first available appointment as specified below with:

Rao Lingam, M.D.                      Michael Orzo, M.D.                      Adil Katabay, M.D.  
Nikesh Batra, M.D.                      Kalyan Lingam, M.D.

**Referring Physician Information**

Name of Referring Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**\*\* Would you like PCS to contact your patient with appointment information? Yes / No**

**Please fax this form, along with the last office visit, medication log, insurance card, and any diagnostic tests to the location that you wish your patient to be scheduled.**

**We will return this form with the appointment within 3 business days.**

**THANK YOU!**

PCS OFFICE USE:

Date of Appointment: \_\_\_\_\_ Packet Mailed: \_\_\_\_\_

ACCT#: \_\_\_\_\_