



Western Berks

Physical Therapy & Wellness Center

FAX to Western Berks Physical Therapy & Wellness Center at 610.589.2232
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EZ Fax Referral Form

PLEASE SCHEDULE THE FOLLOWING PATIENT IN THE ROBESONIA WYOMISSING LAURELDALE OFFICE.

PATIENTS NAME: _____ DIAG./BODY PART: _____

ADDRESS: _____ INJURY DATE: _____ SS#: _____

HOME PHONE: _____ CELL: _____ BIRTHDATE: _____ SEX: _____

IS THIS A WORKER'S COMPENSATION? YES NO **OR** A MOTOR VEHICLE ACCIDENT CLAIM? YES NO

SUBSCRIBER NAME & BIRTHDATE: _____ RELATIONSHIP TO PATIENT: _____

PRIMARY INSURANCE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

SSN/CLAIM #: _____ GROUP NAME/#: _____

ADJUSTER NAME & NUMBER (IF WC/AUTO CLAIM): _____

**PLEASE ATTATCH A REFFERAL FOR AMERIHEALTH MERCY AND AETNA INSURANCES.*

SECONDARY INSURANCE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

MEMBER ID #: _____ GROUP #: _____ POLICY HOLDER: _____

REFERRING PHYSICIAN: _____ PHONE: _____ FAX #: _____

CONTACT NAME TO CONFIRM APPOINTMENT AT DOCTOR'S OFFICE: _____

FOR WESTERN BERKS PHYSICAL THERAPY & WELLNESS CENTER USE ONLY

_____ HAS BEEN SCHEDULED ON _____

AT _____ AM/PM AT THE ROBESONIA/WYOMISSING/LAURELDALE OFFICE.

THANK YOU!