GOLDEN TRIANGLE INTERVENTIONAL PAIN ASSOCIATES
CRAIG A. CHARLESTON, M.D. PRECIOUS TABANSI, M.D.
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Port Arthur: 2501 Jimmy Johnson Blvd, Ste 401 Port Arthur, TX 77640
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Phone: 409-554-0545 Fax: 409-554-0921 www.gtipain.net

PATIENT INFORMATION

First Name: _____ Last Name: _____

DOB: _____ Gender: Male Female

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone: _____ Email: _____

Referring Physician: _____

Primary Care Physician: _____

Diagnosis Code: _____

Reason For Referral: _____

Circle Treatment: Evaluate and Treat Injection

INSURANCE INFORMATION

Primary Insurance: _____

Policy Holder Name: _____ DOB: _____

Member ID: _____ Group Number: _____

Requires Insurance Referral: ○ Yes ○ No

Authorization Number: _____

Approval Dates: _____ Visits Approved: _____

Please attach last office visit, copy (front and back) of valid identification card and insurance card(s). Please include ALL RADIOLOGY*