



**George A. Alsina, MD**  
**Port City Neurosurgery & Spine**

*Patient should have any pertinent tests, such as MRI's, X-ray's, and CT's prior to their appointment. Telephone contact after faxing referral is recommended for ASAP or urgent patients.*

**PLEASE NOTE: WE CANNOT SCHEDULE PATIENT UNTIL WE RECEIVE ALL INFORMATION. INSURANCE INFORMATION MUST BE CURRENT IN ORDER TO VERIFY BENEFITS.**

When does patient need appointment (please circle)?      First Available      **ASAP**

REFERRING PHYSICIAN: \_\_\_\_\_  
Full Name      NPI #

Address      Phone #      Fax #

Reason for visit: \_\_\_\_\_

PATIENT: \_\_\_\_\_  
Last Name      First Name      Middle/Maiden Name

Street Address      P.O. Box      City      State      Zip

Home Phone #      Work Phone #      Cell Phone #      Date of Birth      Age

Sex      Social Security #      Employer      Employer's Address

PRIMARY INSURANCE: \_\_\_\_\_  
Insurance Company Name      Policy Holder Name and Date of Birth

Insurance Address

Policy ID #      Group #      Date of Injury

Auth Required?    YES / NO    Auth#      Contact#

**Your office must obtain authorization for Workman's Comp, Carolina Access, and Vocational Rehab before the appointment is scheduled. We must have an authorization for United Healthcare, Cigna, and Aetna (commonly referred to as GAP or "out of network authorization"). Authorizations should be put under the practice name whenever possible. Our tax ID is 26-3847109. Please request the GAP for CPT 99245. We are unable to get authorization on new patient referrals; they must be obtained by the referring physician's office. Please call us if you have any questions.**

SECONDARY INSURANCE: \_\_\_\_\_  
Insurance Company Name      Policy Holder Name and Date of Birth

Insurance Address

Policy ID #      Group #

**Required for Patient Scheduling: Insurance card copy, Office notes, Op notes, Radiology Reports**  
**\*\*\*PATIENT MUST BRING ALL FILMS TO THE APPOINTMENT\*\*\***

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