



1000 Oakland Drive, Kalamazoo, MI 49008

REFERRING PHYSICIAN INFORMATION

(REQUIRED FOR BILLING)

Unless you have a new physician on staff, or your office demographics have changed, only practices that have NOT previously referred to Western Michigan University School of Medicine Clinics (formerly MSU/KCMS) need to complete this form.

Physician's Name: _____ MD DO

This physician is board certified in: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

NPI #: _____ License #: _____

Is this a change of information? Yes No

When completed, please fax this form to (269) 337-6547.