Referral Order

Attending Provider: [Redacted]  
Authorizing Provider: [Redacted]

Service Provider/Hospital:  
Erle Family Health Center-All Sites

Primary Ins: Sliding Fee Scale 0-100%  
Group:  
Policy:  
Insured ID: None

Secondary Ins:  
Group:  
Policy:  
Insured ID: 

Reason:

- [ ] English  
- [ ] Spanish  
- [x] Other

Reason for Referral (check all that apply and describe problem below):

- [ ] Income
- [ ] Public Benefits (TANF/TA)
- [ ] Denial  
- [ ] Needs to Apply
- [x] Health Insurance/Health Care
- [ ] Denial  
- [ ] Needs to Apply
- [ ] Hunger and Nutrition
- [ ] Food Stamp Delay
  - [x] Needs to Apply
- [ ] Disability
- [ ] Medicaid
- [ ] Denial  
- [ ] Needs to Apply
- [ ] SSI
- [ ] Denial  
- [ ] Needs to Apply
- [ ] Child Support
- [ ] Denial  
- [ ] Needs to Apply
- [ ] Housing
- [ ] Housing Conditions
- [ ] Utility Shut Off
- [ ] Eviction
- [ ] Needs Housing
- [ ] Education
- [ ] Special Education
- [ ] Pregnant/Parenting Teen
- [ ] School Enrollment for Migrant/Homeless Youth
- [ ] Other
- [ ] Family Law (Custody, Divorce)
- [ ] Domestic Violence
- [ ] (Safe to leave a message at number provided?)
- [ ] Immigration/Legal Status
- [ ] Employment (Discrimination)
Referral Order

Attending Provider: [redacted]  
Authorizing Provider: [redacted]

Service Provider/Hospital:  
Erie Family Health Center All Sites

Patient Information

Cell: [redacted]
DOB: [redacted]  
Sex: M

Patient ID: [redacted]  
Language: English

Primary Ins: Sliding Fee Scale 0-100%

Group: 
Policy: 
Insured ID: None

Secondary Ins: 

Group: 
Policy: 
Insured ID: 

Wills/Powers of Attorney

Guardianship

Elder Abuse

Consumer

Criminal

NOTES (PLEASE DESCRIBE THE PROBLEM):

Diability denial

Electronically signed by: Julia T Lu DO
Signed on: 9/13/2013 2:43:52 PM
Authorizing Provider: Julia T Lu DO
Attending Provider: Julia T Lu DO
**Referral Order**

**Attending Provider:** [Redacted]  
**Authorizing Provider:** [Redacted]

**Service Provider/Hospital:**  
Erle Family Health Center-All Sites

**Patient Information**  
**Name:** [Redacted]  
**DOB:** [Redacted]  
**Sex:** M  
**Language:** English

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<tbody>
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<td>Policy:</td>
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<tr>
<td>Insured ID:</td>
<td>None</td>
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**Code**  
99244

**Description**  
Legal Assistance - Health Justice Project - Erie

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<td>Duration</td>
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**Diagnosis:** [Redacted]

**Signature:** [Redacted]

*Report run by Cynthia Campos HEd*  
*Electronically Signed By: Julie T Lu DO*