

## REFERRAL PROTOCOL

Thank you for referring your patient to our office. We truly value your trust and confidence in our team's ability to facilitate your healthcare needs. This handout outlines the protocol/process of submitting these referrals.

If the patient is being referred to our office for a Surgical or Aesthetic consult:

- 1) You may have them reach out our office at 312-888-5754 and [info@drphelps.com](mailto:info@drphelps.com)
- 2) Please note we are out of network with all commercial insurance companies and currently at capacity for our Medicare patients.

If you are referring a patient for a lesion or Moh's Repair:

- 1) Please email our surgery scheduler Maria at [Maria@drphelps.com](mailto:Maria@drphelps.com).
- 2) **Any clinical information including patient photos or records can be sent to email: [cops@patientcare.me](mailto:cops@patientcare.me) or at 312-883-9976**
- 3) If your patient has any questions or concerns regarding insurance. Our office will provide an itemized receipt upon request for out of network submission.

Again, we would like to thank you for allowing us to participate in your patient's care. We look forward to working with you!

If you have any further questions or concerns, please do not hesitate to contact us.

Sincerely,

***Paul Phelps, MD, FACS***  
***Chicago Oculofacial Plastic Surgery***