North Alabama
ENT
Associates, P.C.

Please fill out the form **COMPLETELY** and **LEGIBLY** to ensure efficient scheduling. Attach all pertinent records, including insurance cards, and fax them to (256) 535-9032. We will contact your patient and schedule the appointment. Per NALENT policy, we must have **INSURANCE AUTHORIZATIONS** before scheduling.

Referring Provider: _____ NPI#: _____

Phone: _____ Fax: _____

Reason for Referral: _____ (NO ICD CODES PLEASE)

Preferred Location:

☐ **Huntsville Office**
1963 Memorial Parkway SW, Suite 5
Huntsville AL 35801

☐ **Madison Office**
8337 Hwy. 72 W, Suite 301
Madison AL 35758

Preferred Provider (Leave blank for no preference):

☐ **Gerard Brocato, M.D., FACS**
General ENT: Adult/Peds

☐ **Richard Martin, M.D.**
General ENT

☐ **Ken Teachey, M.D.**
Head & Neck Cancer, Thyroid and Parathyroid problems

☐ **Jasper Castillo, M.D.**
Pediatric Otolaryngology

☐ **Scott McCary, M.D., FACS**
General ENT: Adult/Peds

☐ **Katie Robinson, PA-C**
Physician Assistant

☐ **Bradley Hobbs, M.D.**
General ENT: Adult/Peds

☐ **Michael McFadden, M.D.**
General ENT: Adult/Peds

☐ **John Kostrzewa, M.D.**
General Ent: Adult/Peds

☐ **William McFeely, M.D.**
Otology/Neurology: Hearing Loss, Tinnitus, Dizziness and Balance Problems, Other Ear Problems

ENT IS NO LONGER A PROVIDER FOR: AARP ADVANTAGE, BLUE CARE/TENN CARE, CIGNA HEALTHSPRINGS, CIGNA MEDICARE, CIGNA TOTAL CARE, GEHA, MEDICAID–OUT OF MADISON COUNTY, STUDENT HEALTH POLICIES, TRIWEST, UHC, UHC MEDICARE ADVANTAGE HMO, VA AND WELLCARE.

Patient Information:

First Name:	**Last Name:**	**MI:**
Address:		**Zip Code:**
Phone:	**Alt. Phone:**	**Sex:**
SS#:	**DOB:**	
Primary Insurance:	**Contract #:**	**Group #:**
Secondary Insurance:	**Contract #:**	**Group #:**
If patient has additional insurance, please include in the records with the name and DOB of the policyholder.		

If you have any questions, please call us at (256) 536-9300.