

Patient Addressograph

BILLING INFORMATION FOR TELETRAUMA CONSULTANTS

Referring Site Emergency Department: complete the patient registration information and fax to the consulting Teletrauma physician immediately after each Teletrauma session. Please note that this form contains **personal health information** and must **only** be sent to the consulting Teletrauma physician.

Consult Date (mm/dd/yr):

Consult Time:

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Referring Physician Name & Billing Number:

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Consultant Name & Fax Number:

<input type="checkbox"/> Dr. Chris Hicks	Fax: 416-864-5138		
<input type="checkbox"/> Dr. Homer Tien	Fax: 416-480-5851		

Referring Hospital	Facility Number	ED Telephone #
<input type="checkbox"/> Bracebridge — Muskoka Algonquin Health Care	0968	Tel: 705-645-4400
<input type="checkbox"/> Huntsville — Muskoka Algonquin Health Care	0968	Tel: 705-789-9928
<input type="checkbox"/> Humber River Regional Hospital — Wilson Site	0941	Tel: 416 –242-1000 x42300
<input type="checkbox"/> Peterborough -- Peterborough Regional Health Centre	0771	Tel: 705-876-5022
<input type="checkbox"/> Scarborough — The Scarborough Hospital	0960	Tel: 416-431-8181

For Consultant's Use Only:	
<input type="checkbox"/> B100 (Telemedicine premium)	Trauma service fees
<input type="checkbox"/> B200 (Telemedicine premium)	
Patient transferred: <input type="checkbox"/> YES <input type="checkbox"/> NO	

