



2026 GOSHEN HEALTH

# Provider Guide

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For the most current information visit

[GoshenHealth.com/Quick-Guide](https://GoshenHealth.com/Quick-Guide)



Goshen Health

12/12/2025

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**Goshen** Center for  
Cancer Care

200 High Park Ave. Goshen, IN 46526  
(574) 364-2973

Cutting-edge. Comprehensive. Collaborative care.

When you refer a patient to the Goshen Center for Cancer Care, you can rest assured that they will be cared for by a multidisciplinary team that includes fellowship trained medical, surgical and radiation oncologists; palliative care physicians; oncology nurses; naturopathic doctors; mind-body counselors and dietitians. Together, the care team considers all aspects of the patient's life and disease to provide the best possible treatment.

## Your Cancer Care Team

We have a dedicated team of oncologists and cancer care specialists committed to delivering the best possible care you'll find anywhere. From initial diagnosis to recovery and beyond – we're all in this together.

### Clinic Hours

Clinic Hours: Monday – Friday, 8:30 a.m. – 4:30 p.m.

Infusion Hours: Monday – Friday, 7:30 a.m. – 4:30 p.m.

### Medical Oncology



**Bolanle Adepoju, MD, MPH**  
*Internal Medicine, Hematology  
Oncology, Medical Oncology*



**Joseph Spahr, MD**  
*Hematology Oncology*



**Lawrence Schilder, MD**  
*Medical Oncology*



**Ingrid Bowser, MSN, ANP-BC,  
AOCNP, ACHPN, dipACLM**  
*Medical Oncology*



**Jonathan Newhall, PA-C**  
*Medical Oncology*



**Kristan Rheinheimer, RN, MSN,  
FNP, OCN**  
*Medical Oncology*



**Jessica Vander-Molen, MSN,  
RN, FNP-BC**  
*Medical Oncology*

## Surgical Oncology



**Urs von Holzen, MD, MBA, FACS**  
*Surgical Oncology,  
Thoracic Surgery*



**Sammy Bostaji, MD**  
*Interventional Pulmonology*



**Ronald Downs, MD, FACS**  
*Plastic Surgery*



**Rachel Macias, MD**  
*Plastic Surgery*



**Gopal Menon, MBBS, MD,  
MPH, MBA**  
*Surgical Oncology*



**Laura L. Morris, MD, MBA,  
FACS, dipABLM**  
*Breast Surgical Oncology,  
Surgical Oncology*



**Mark Ranzinger, MD, FACS**  
*General Surgery, Thyroid Surgery*



**Sharmila Roy Chowdhury, MD**  
*Surgical Oncology*



**Pamela Stone, MD, FACOG, FACS**  
*Gynecologic Oncology*



**Patrick Viscardi, MD**  
*Plastic Surgery*



**Grace Darnell, MSN, NP-C,  
FNP-BC, OCN**  
*Gynecologic Oncology,  
Surgical Oncology*



**Sheila Fleming, MSN,  
APRN-BC, CRNFA**  
*Breast Surgical Oncology,  
Women's Health*



**Elise Sharkey, PA**  
*Surgical Oncology*



**Taylor Torres, BSN, RN,  
DNP, FNP-BC**  
*Breast Health*



Radiation Oncology



**Irina Sparks, MD**  
*Radiation Oncology*



**Houman Vaghefi, MS, MD, PhD**  
*Radiation Oncology*



**James Wheeler, MD, PhD**  
*Radiation Oncology*



**Leon Coody, Jr, MSN, FNP-BC**  
*Radiation Oncology*

Integrative Care



**LaToya Lewis, ND**  
*Naturopathic Medicine*



**Emily Moore, ND, LAc, FABNO**  
*Acupuncture, Naturopathic  
Oncology*



**Maria Brown, RD, CD**  
*Oncology Nutrition*



**Maricel Lopez-Colon, RD, LDN**  
*Oncology Nutrition*



**Kim Mathews, MS, LMHC, CT**  
*Mind-Body Counselor*



**Bethany Swope, MS Ed, LMFT**  
*Mind-Body Counselor*



**MEET OUR PROVIDERS**

Learn more about our providers and their practices in our video library.



## RAPID REFERRAL FORM

To expedite the process, please reference Required Oncology Records Checklist  
to be included with referral.

**If sending the C-CDA, this form does not need to be filled out. Please be sure to  
include reason for referral and indicate if records are available in Meditech.**

Today's Date: \_\_\_\_\_

**DEMOGRAPHICS PLEASE VERIFY BELOW INFORMATION IS INCLUDED IF ATTACHING  
DEMOGRAPHIC SHEET FROM YOUR FACILITY'S EMR**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Preferred patient phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person if not patient: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Language preferred: \_\_\_\_\_ Interpreter needed: Y N Social Security# \_\_\_\_\_

### INSURANCE

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### REFERRAL

Reason for referral: \_\_\_\_\_ Second opinion? Y N

Diagnosis: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_ Has patient received treatment? Y N

Referring Physician: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Direct messaging email: \_\_\_\_\_

Provider choice: First available \_\_\_\_\_ Preferred Provider(s): \_\_\_\_\_

### COMMUNICATION

You will receive faxed confirmation once the appointment is scheduled. Our office will directly  
contact your patient with scheduling information. Thank you for referring your patient to Goshen  
Center for Cancer Care.



## Medical Oncology Required Records Checklist

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### ONCOLOGY GENERAL: PLEASE INCLUDE ALL RECORDS BELOW WITH REFERRAL

- ☐ Referring provider's most recent office note pertaining to diagnosis
- ☐ Imaging from past year – Including CT, PET, MRI, Ultrasound, Nuclear Medicine, MUGA/Echo
- ☐ Most recent pathology report as well as pathology report from initial diagnosis
- ☐ Labs from past year
- ☐ Chemotherapy and/or Radiation treatment summary

### DISEASE SPECIFIC: PLEASE INCLUDE DISEASE SPECIFIC RESULTS IF AVAILABLE

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ACUTE LEUKEMIA                      | Flow Cytometry All Bone Marrow Pathology  | Cytogenetics  |
| <input type="checkbox"/> BREAST CANCER                       | ER/PR<br>DEXA scan<br>Oncotype DX testing<br>FISH/CISH if HER2 initial testing is indeterminate | HER2<br>BRCA testing<br>Mammogram/US/Breast MRI                                 |
| <input type="checkbox"/> CHRONIC MYELOGENOUS LEUKEMIA        | All Bone Marrow Pathology<br>PCR for BCR/ABL transcript   | FISH for BCR/ABL  |
| <input type="checkbox"/> COLORECTAL CANCER                   | K-ras Testing<br>Preoperative CEA Level   | Colonoscopy Report  |
| <input type="checkbox"/> GASTRIC CANCER                      | EGD   | HER2 Testing  |
| <input type="checkbox"/> LUNG CANCER                         | EGFR/ALK Testing<br>PDL Testing   | Pulmonary Function Tests<br>ROS-1 Testing                                       |
| <input type="checkbox"/> LYMPHOMA                            | Flow Cytometry  | Cytogenetics  |
| <input type="checkbox"/> MELANOMA                            | BRAF Testing  | NRAS Testing  |
| <input type="checkbox"/> MYELOMA                             | 24 Hour Urine<br>Serum Protein Electrophoresis<br>Immunofixation                                | Serum Free Light Chains<br>Beta 2 Microglobulin<br>Bone Marrow Biopsy Pathology |
| <input type="checkbox"/> NEUROENDOCRINE TUMORS               | Chromogranin A Level  | 24 Hour Urine for 5HIAA   |
| <input type="checkbox"/> RENAL/GYNECOLOGICAL/BLADDER CANCERS | CA125 Tumor Marker for Ovarian Cancer   |   |
| <input type="checkbox"/> PANCREATIC CANCER                   | ERCP (Endoscopic Retrograde Cholanigio-Pancreatography)<br>Endoscopic Ultrasound                | CA-19-9 Tumor Marker  |
| <input type="checkbox"/> PROSTATE CANCER                     | PSA x 2 + years   |   |

Please fax requested information to Goshen Center for Cancer Care Intake Department at (574) 364-2488.  
Please call (574) 364-2973 with any questions.

If above documents are not included please indicate reason \_\_\_\_\_



Goshen Physicians

ENDOCRINOLOGY

2024 Dorchester Ct #1, Goshen, IN 46526  
(574) 537-1221



Our endocrinology team specializes in helping patients manage a wide range of chronic hormone-related disorders.

## Meet our Endocrinology Team

Our endocrinology team has specialized training in the diagnosis and treatment of all endocrine system disorders.

### Clinic Hours

Monday – Friday, 8:30 a.m. – 4:30 p.m.



**Priyanka Mathias, MD**  
*Endocrinology, Diabetes & Metabolism*



**Mallory Grossman, MSN, FNP-BC, RN**  
*Endocrinology, Diabetes & Metabolism*



**Catherine Steinkamp, MSN,  
FNP-C, RN, CAPA**  
*Endocrinology, Diabetes & Metabolism*



### MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.



Goshen Physicians

**Dr. Priyanka Mathias – Endocrinology**

2024 Dorchester Ct, Ste 1 Goshen, IN 46526

Phone (574) 537-1221 | Fax (574) 537-1225

**Referring Physician:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Office Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Patient Contact:** \_\_\_\_\_

**Insurance Type:** \_\_\_\_\_

**1. Reason for Referral**

- Manage and Treat
- Consult only
- Second Opinion

**2. Diagnosis**

- |  |   |
|--|---|
| <input type="checkbox"/> Type 1 DM       | <input type="checkbox"/> Thyroid Cancer (see below) |
| <input type="checkbox"/> Type 2 DM       | <input type="checkbox"/> Osteoporosis               |
| <input type="checkbox"/> Hyperthyroidism | <input type="checkbox"/> Hypercalcemia              |
| <input type="checkbox"/> Hypothyroidism  | <input type="checkbox"/> Other (please specify)     |
| <input type="checkbox"/> Thyroid Nodules |   |

**3. Clinic Notes/Labs/Imaging**

- Last 2 clinic notes
- Last 3 months of labs (relevant to referral done by referring provider)
- Last imaging (relevant to referral done by referring provider)
- All Thyroid labs – include FNAs for dx: Thyroid Nodules
- Thyroid CA
  - Pathology results/reports
  - Operative reports
  - All scans/imaging (Thyroid US, Pretreatment scans I123, Whole body scan, CT neck/chest/PET scans (if completed))



Goshen Physicians

ENT, SPEECH & AUDIOLOGY

2012 S. Main Street Ste B, Goshen, IN 46526  
(574) 534-2025

Our ENT team provides advanced treatment and surgical care for patients with disorders of the head and neck, including ears, nose and throat as well as auditory disorders.

## Meet our ENT, Speech & Audiology Team

Our specialists in ear, nose and throat medicine evaluate and treat adults and children with head and neck disorders.

### Clinic Hours

Monday – Thursday, 8:00 a.m. – 5:00 p.m.

Friday, 8:00 a.m. – 12:00 p.m.



**Savita Collins, MD**  
*Otolaryngology*  
(Ear, Nose and Throat)



**Darah Regal, AuD**  
*Audiology*



**Alexa Liberi, MA, CCC-SLP**  
*Speech-Language Pathologist*



**Karen Newcomer, MSN, FNP-BC**  
*Otolaryngology*  
(Ear, Nose and Throat)



### MEET OUR PROVIDERS

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Goshen Physicians

## ENT New Patient Referral Form

Dr. Savita Collins, MD  
Dr. Darah Regal, AuD  
Alexa Liberi, MA, CCC-SLP

Please complete this form and fax it, along with all pertinent medical records (progress notes, imaging, labs, operative reports, etc.) along with a copy of the patient's insurance card and demographics.

Patients will not be scheduled until we receive this completed form and medical records.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

SS# \_\_\_\_\_

Insurance (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Primary Language: \_\_\_\_\_

Interpreter Needed: Y N

Latex Allergy: Y N

REFERRING PROVIDER \_\_\_\_\_

Reason for referral (with ICD-10 codes):  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications (including OTC):  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN FAX TO: (574) 534-2042  
PHONE: (574) 534-2025

2012 S. Main Street Suite B, Goshen IN 46526



# Goshen Physicians

GASTROENTEROLOGY

1615 Winsted Dr, Goshen, IN 46526  
(574) 537-1625  
1033 N Indiana Ave, Syracuse, IN 46567  
(574) 537-5000

Our gastroenterology specialists treat a wide range of digestive disorders in the stomach, liver, intestines, esophagus and pancreas. We evaluate and treat a broad spectrum of digestive disorders, and offer in-office and outpatient procedures. The Goshen Surgery Center is a convenient option for many outpatient gastroenterology procedures.

## Gastroenterology & Digestive Disorders Team

From initial screening and diagnosis to treatment and beyond, our gastroenterology specialists work together to deliver the best possible care that fits your needs.

### Clinic Hours

Monday – Thursday, 8:00 a.m. – 5:00 p.m.

Friday, 8:00 a.m. – 12:00 p.m.



**Ross Heil, DO**



**Sadat Rashid, MD**  
*Interventional Gastroenterology*



**Melissa Larson, MSN, RN, FNP-C**



**Amy Pointon, MSN, RN,  
CNS, FNP-BC**



**Lindsay Tomkiewicz, MSN, FNP-C**



### MEET OUR PROVIDERS

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## New Patient Referral Form

- ☐ OFFICE CONSULT      ☐ DIRECTACCESS FIBROSCAN\*      ☐ DIRECT ACCESS EGD
- ☐ DIRECT ACCESS COLONOSCOPY

In order to process a referral, fill out the form completely and please supply all the requested records. Referrals that do not have all of the completed information will be delayed in processing until all records are received.

\*FIBBROSCAN referrals: include CBC,CMP or Hepatic Function Panel in the last 3 months, if available.

**Please fax records to (574) 537-9384.**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**Reason for referral (with ICD-10 codes):** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Latex Allergies?** Y N

**Interpreter needed?** Y N    **Primary Language:** \_\_\_\_\_ **Date of Referral:** \_\_\_\_\_

**Referring Provider:** \_\_\_\_\_ **Office Number:** \_\_\_\_\_

**Office Fax:** \_\_\_\_\_ **Form completed by:** \_\_\_\_\_

☐ **DEMOGRAPHICS** (contact information, social security number and release of information forms)

☐ **GI RELATED IMAGING** (CT scans, X-Rays, MRI, Ultrasounds, etc. in the past year)

☐ **INSURANCE INFORMATION** (front and back card copies)

☐ **PRIOR GASTROINTESTINAL SURGERY** (include health system and surgeon)

☐ **RECENT HEIGHT, WEIGHT AND CO-MORBIDITIES** (required for screening colonoscopies)

☐ **GI RELATED TESTING** (gastric emptying studies, anorectal or esophageal manometry, cookie swallows,esophogram, capsule endoscopy, etc.)

☐ **MEDICATION LIST** (with over-the-counter and herbal remedies)

☐ **GI RELATED LABS:** (CBC, CMP, PT/INR Liver profile, Hepatitis, Stool, IBD, etc. within the past year; Prometheus labs for IBD patients)

☐ **LAST TWO OFFICE NOTES** (from referring/primary physician)

☐ **GI RELATED EMERGENCY ROOM REPORTS**

☐ **PAST COLONOSCOPY REPORTS WITH PATHOLOGY**

(abdominal pain, nausea/vomiting, diarrhea, swallowing difficulties, hematochezia, etc. within the past six months)

☐ **PAST EGD REPORTS WITH PATHOLOGY** (include dilation reports, BRAVO pH or Impedance testing)





# Goshen Heart & Vascular Center

**1855 S Main St, Goshen, IN 46526  
(574) 533-7476**

**16605 IN-23, South Bend, IN 46635  
(574) 533-7476**

**1033 N Indiana Ave, Syracuse, IN 46567  
(574) 537-5000**

We work as a team to provide award-winning heart attack care while emphasizing prevention and healing. Our facilities are top-of-the-line—supporting our expert cardiologists, radiologists and surgeons in their minimally invasive procedures to restore blood flow throughout the body and help restore circulation to at-risk limbs.

## Heart & Vascular Team

Our dedicated cardiologists work with electrophysiologists, radiologists, nurse practitioners, pulmonologists and surgeons to meet the needs of heart and vascular patients. Our multidisciplinary approach translates into regular daily and weekly group consultations, as well as an open office work environment.

### Clinic Hours

Monday – Thursday, 8:00 a.m. – 5:00 p.m.

Friday, 8:00 a.m. – 12:00 p.m.



**Charles Bower, MD, FACP**  
*Interventional Radiology*



**Nathaniel Dew, MD, FACS**  
*General Surgery, Vascular Surgery*



**Thomas Etter, MD**  
*General Surgery*



**Djavid Hadian, MD**  
*Electrophysiology*



**Farid Jalinous, MD, FACC, FSCAI**  
*Interventional Cardiology*



**Sreenivas Kamath, MD, FACC, FSCAI**  
*Interventional Cardiology*



**Justin Lightburn, MD**  
*Interventional Radiology*



**Blair MacPhail, MD, FACC**  
*Interventional Cardiology*



**Abrar Sayeed, MD**  
*Invasive Cardiology*



**Levi Smucker, MD**  
*Bariatric Medicine, General Surgery, Vascular Surgery*



**LeRoy Weaver, Jr, MD**  
*Radiology*



**Jami Kamp, MSN, FNP-BC**



**Kim Kahler, MSN, ACNP-BC**



**Nickie Ralston, MSN, FNP-C**



## MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.



Goshen Heart &  
Vascular Center

**Cardiopulmonary Rehab Services**

1855 South Main St., Suite B

Goshen, IN 46526

Office 574-364-2587 Fax 574-364-2531

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Send Copy To: \_\_\_\_\_

Fax Results To: \_\_\_\_\_

Diagnosis #1: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #2: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #3: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #4: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

## Tobacco Education Referral Form

Date of Referral: \_\_\_\_\_

☐ **Tobacco Cessation Education**

- 1 to 4 education appointments as needed
- One-on-one education provided by certified Tobacco Treatment Specialist

☐ **Other:**

\_\_\_\_\_

I hereby certify that the above patient is medically able to participate in Pulmonary Rehab.

PLEASE FAX COMPLETED FORM TO (574) 364-2531





Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Send Copy To: \_\_\_\_\_

Fax Results To: \_\_\_\_\_

Diagnosis #1: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #2: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #3: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #4: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

## Cardiac Rehabilitation Referral Form

Date of Referral: \_\_\_\_\_ Date of qualifying event: \_\_\_\_\_

### ☐ Cardiac Rehab

*For required safety and admission qualifications, I authorize the following:*

- Rehab staff to develop Individualized Treatment Plan/Exercise Rx for Medical Director to review and approve on admission to the program and every 30 days until discharge from program
- 6 Minute Walk Test pre and post program
- Cardiopulmonary Stress Test pre-program (as indicated by HF stratification)
- 12 Lead EKG within 3 months of the qualifying event

### ☐ Intensive Cardiac Rehab (Ornish Lifestyle Medicine)

*For required safety and admission qualifications, I authorize the Cardiac Rehab requirements listed above, in addition to:*

- Labs pre program (if no draw in the past 3 months) and post program including lipids, HgbA1c and hsCRP

Diagnosis #3: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #4: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

I hereby certify that the above patient is medically able to participate in Pulmonary Rehab.

PLEASE FAX COMPLETED FORM TO (574) 364-2531



## Cardiology – New Patient Referral Form

**Dr Farid Jalinous**, Interventional Cardiology  
**Dr Sreenivas Kamath**, Interventional Cardiology  
**Dr. Blair MacPhail**, Interventional Cardiology  
**Dr. Abrar Sayeed**, Invasive Cardiology  
**Dr. Djavid Hadian**, Electrophysiology

Please complete this form and fax it, along with last office visit notes, Recent Medication list, recent labs, recent EKG/ECG, Echo's, Stress Tests, Heart Catheterization, Arteriograms, Carotid Ultrasound, along with a copy of the patient's insurance card and demographics.

If an echo/heart catheterization **is done outside of Goshen Health**, please make a copy on a CD. You can either mail a copy or send a copy with the patient.

Patients will not be scheduled until we receive this completed form along with medical records.

For urgent request please call our office to alert us after records have been faxed.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

SS# \_\_\_\_\_

Insurance (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Primary Language: \_\_\_\_\_

Interpreter Needed: Y N

REFERRING PROVIDER \_\_\_\_\_

Reason for referral (with ICD-10 codes):  
\_\_\_\_\_

RETURN FAX TO: (574) 533-7145 Attn. Sheila Pace Phone (574) 364-3921



## New Patient Referral Form

### Vascular Surgery:

Dr. Nathaniel Dew MD and Thomas Etter, MD

### Vascular & Interventional Radiology:

Dr. Justin Lightburn MD and Dr. Charles Bower MD

Please complete this form and fax it, along with last office visit notes, lab testing, medication list, **Imaging, ultrasound (reports and outside films)** along with a copy of the patient's insurance card and demographics.

**If imaging is done outside of Goshen Health, please make a copy on a CD or send through PACS.** You can either mail a copy attention Sheila Pace or send a copy with the patient.

**Patients will not be scheduled until we receive this completed form along with medical records.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

SS# \_\_\_\_\_

Insurance (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Primary Language: \_\_\_\_\_

Interpreter Needed: Y N

REFERRING PROVIDER \_\_\_\_\_

Reason for referral (with ICD-10 codes):  
\_\_\_\_\_

RETURN FAX TO: (574) 533-7145 Attn. Sheila Pace Phone (574) 364-3921



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Send Copy To: \_\_\_\_\_

Fax Results To: \_\_\_\_\_

Diagnosis #1: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #2: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #3: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #4: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

## Pulmonary Rehabilitation Referral Form

Date of Referral: \_\_\_\_\_

### ☐ Pulmonary Rehab Program (up to 36 sessions, 3/week)

*For required safety and admission qualifications, I authorize the following:*

- Full PFT (if not done within the last 3 months).
- 12 lead EKG (if not done within the last 6 months).
- Initiate/titrate supplemental oxygen PRN during exercise.
- Rehab staff to develop Individualized Treatment Plan/Exercise Rx for Medical
- Director review/approval, initially and Q30 days until discharge.

### ☐ Post COVID-19 Pulmonary Rehab Program (up to 36 sessions, 3/week)

*For required safety and admission qualifications, I authorize the following:*

- 12 lead EKG (if not done within the last 6 months).
- Initiate/titrate supplemental oxygen PRN during exercise.
- Rehab staff to develop Individualized Treatment Plan/Exercise Rx for Medical
- Director review/approval, initially and Q30 days until discharge.

I hereby certify that the above patient is medically able to participate in Pulmonary Rehab.

PLEASE FAX COMPLETED FORM TO (574) 364-2531



NeuroCare Center

GOSHEN PHYSICIANS

2832 Elkhart Rd. Goshen, IN 46526  
(574) 537-0219

At the NeuroCare Center, our team offers a state-of-the-art neurologic diagnostic and treatment center for patients and their families residing in Northern Indiana and Southern Michigan. Providing advanced diagnostic procedures, MRI imaging, lab and infusion services, this center delivers the best care for patients available at a single location.

## Nerve Disorders & Neurology Team

Our neurology team specializes in caring for patients with a wide range of conditions that affect the brain, spinal cord and nerves.

### Clinic Hours

Monday – Friday, 8:00 a.m. – 4:30 p.m.



**Liz Nafziger, MD**  
*Neurology, Palliative Medicine*



**Leah Miller, MSN, FNP, RN-C**  
*Neurology*



**Jillian Kimp, MSN, APRN, FNP-C**  
*Neurology*



### MEET OUR PROVIDERS

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## New Patient Referral Form

**Service Request:**

☐ Consult      ☐ EMG/NCV      ☐ EEG

**To ensure prompt scheduling, please include the following items with the referral form and fax to (574) 534-0435.**

- Copy of patient's insurance card and demographic Information.
- Office notes or records supporting the need for the requested service.
- Diagnostic imaging reports, if applicable.
- Lab reports, if applicable.
- Previous neurologist notes, if available.

**URGENT REQUESTS, please call the office at (574) 537-0219 to speak with a provider.**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_ **Interpreter Needed:** Y    N

**Reason for Referral:** \_\_\_\_\_

**Referring Provider:** \_\_\_\_\_

**Office Contact:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Thank you for the referral. We are committed to providing compassionate, comprehensive, quality care to all patients we serve.**

**RETURN FAX TO: (574) 534-0435**

**OFFICE PHONE: (574) 537-0219**



**Goshen Orthopedics**

**GOSHEN PHYSICIANS**

**1824 Dorchester Ct, Goshen, IN 46526**

**(574) 534-2548**

**1953 Waterfall Dr, Nappanee, IN 46550**

**(574) 534-2548**

**851 Parkway Ave, Elkhart, IN 46516**

**(574) 534-2548**

**1033 N Indiana Ave, Syracuse, IN 46567**

**(574) 534-2548**



We take an all-inclusive approach to caring for patients bones, muscles and joints. From diagnosis and treatment through rehabilitation and follow-up care, we're dedicated to getting your patients back to enjoying life.

## Goshen Orthopedics Team

Our entire team is here to help you heal!

We take the time to get to know your needs and lifestyle – offering surgical and non-surgical solutions that reduce pain and put you on the road to recovery.

### Clinic Hours

Monday, 6:00 a.m. – 5:00 p.m.

Tuesday, 8:00 a.m. – 5:00 p.m.

Wednesday, 8:00 a.m. - 5:00 p.m.

Thursday, 7:00 a.m. - 5:00 p.m.

Friday, 6:00 a.m. – 5:00 p.m.



**Christopher Owens, MD**  
*Orthopedic Surgery and  
Sports Medicine*



**Bryan Boyer, MD**  
*Orthopedic Surgery*



**Kevin Houseman, DPM**  
*Podiatry*



**Andrew Kalin, MD**  
*Pain Management*



**Scott Swanson, MD**  
*Orthopedic Hand Surgery*



**Eric Brown, MSN, NP-C**  
*Orthopedics and Sports Medicine*



**Jeffery Lain, FNP-C, CRNFA**  
*Orthopedics and Sports Medicine*



**Tracy VanderReyden, MSN, FNP-BC**  
*Orthopedics and Sports Medicine*



### MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.

## Orthopedics – New Patient Referral Form

C. Owens, MD | S. Swanson, MD | B. Boyer, MD | A. Kalin, MD  
K. Houseman, DPM | E. Brown, NP | J. Lain, NP

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Send Copy To: \_\_\_\_\_

Fax Results To: \_\_\_\_\_

Diagnosis #1: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #2: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #3: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #4: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

## Request for Opinion

Consult Request to: \_\_\_\_\_

A request for opinion and consult for the above-named patient is being sent to Goshen Orthopedics for the following reasons:

\_\_\_\_\_

The physician requesting this opinion understands that the consulting physician may initiate treatment or perform medically necessary diagnostics for this patient. The consulting physician will send the requesting physician an opinion and plan of care.

**\*\*Please sign and return by fax to 574-534-3622\*\***

*This portion to be completed by Goshen Orthopedics*

Appointment Date: \_\_\_\_\_

Confirmation fax sent to requesting physician: Today's date \_\_\_\_\_

Attending Physician: \_\_\_\_\_

(Please print)



# Goshen Rehabilitation

**1824 Dorchester Ct. Ste. B, Goshen, IN 46526**

**(574) 537-0962**

**1953 Waterfall Dr. Ste. B, Nappanee, IN 46550**

**(574) 773-3038**

**1033 N. Indiana Ave. Ste C, Syracuse, IN 46567**

**(574) 457-2213**

Following an injury, illness, surgery or trauma, Goshen Rehabilitation can help your patients (adults and children) achieve their highest potential. We offer a complete range of rehabilitative care, including physical therapy, occupational therapy and speech therapy.



## MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.



Goshen Physicians

SLEEP & ALLERGY MEDICINE

2417 Berkshire Dr. Goshen, IN 46526  
(574) 534-9911

Your patients can get the relief they desire with treatment from our specialists at Goshen Physicians Sleep & Allergy Medicine. Our approach to care starts by looking at the real reasons for your patients' restless sleep or trouble inhaling and exhaling a full dose of air. We then design a treatment plan specific to your patients' needs and preferences.

## Sleep & Allergy Medicine Care Team

Goshen Physicians Sleep & Allergy Medicine offers a full range of treatment options, including immunotherapy injections, environmental controls and lifestyle changes. Our team of experts, including a board certified sleep specialist, can help you get the relief you want and the sleep you need.

### Clinic Hours

Monday – Thursday, 8:00 a.m. – 5:00 p.m.

Friday, 8:00 a.m. – 12:00 p.m.



**Sultan Niazi, MD**

*Critical Care Medicine, Internal  
Medicine, Sleep & Allergy  
Medicine*



**Katherine O'Toole, NP-C**

*Sleep & Allergy Medicine*



**Deborah Risa, NP-C**

*Sleep & Allergy Medicine*



**Stephanie Cross, MSN,  
APRN, AGNP-C**

*Sleep & Allergy Medicine*



## MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.

## Sleep & Allergy New Patient Referral Form

Sultan Niazi, MD  
Deborah Risa, NP-C  
Katherine O'Toole, NP-C  
Stephanie Cross, MSN, APRN, AGNP-C

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance: \_\_\_\_\_

Reason for Consult: \_\_\_\_\_

- SLEEP CONSULT- evaluate and treat
- SLEEP STUDY
- ALLERGY CONSULT
- ALLERGY TESTING

**In addition to this form please send the following:**

- Demographic sheet
- Office notes
- Insurance card(s)
- Any sleep studies (if patient has had prior studies)



Goshen Physicians

UROLOGY

1808 Charlton Ct, Goshen, IN 46526  
(574) 533-8420



Our urology team specializes in diagnosing and treating problems with the male and female urinary tract and male reproductive organs.

## Urology Team

Our urologyteam is highly trained in diagnosing and treating diseases and disorders of the urinary tract system.

### Clinic Hours

Monday, Tuesday & Thursday, 9:00 a.m. – 5:00 p.m.

Friday, 9:00 a.m. – 12:00 p.m.



**Anthony Gauthier, Jr., MD**  
*Urology*



**Bilal Muhammad, MD**  
*Urology*



**Morgan Danielson, MSN, APRN,  
FNP-BC, CUNP**  
*Urology*



**Oksana Jumanov, MSN, FNP-BC**  
*Urology*



### MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.



## Urology New Patient Referral Form

Dr. Anthony Gauthier, Jr., MD  
Dr. Bilal Muhammad, MD  
Morgan Danielson, MSN, APRN, FNP-BC, CUNP  
Oksana Jumanov, MSN, FNP-BC

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

SS# \_\_\_\_\_

Insurance (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Primary Language: \_\_\_\_\_

Interpreter Needed: Y N

Latex Allergy: Y N

REFERRING PROVIDER \_\_\_\_\_

Reason for referral (with ICD-10 codes):  
\_\_\_\_\_

Current Medications (including OTC):  
\_\_\_\_\_

Allergies:  
\_\_\_\_\_

Form Completed By: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_



Goshen Physicians

OB/GYN

1122 Professional Dr. Goshen, IN 46526  
(574) 533-0560

We know women's health needs are ever-changing and complex. That's why we provide comprehensive care for women of all ages. Our OB/GYN team provides a continuum of care for women from adolescence and pregnancy through menopause and beyond. We offer services ranging from prenatal care and family planning to hormone replacement therapy and everything in between.

## OB/GYN Team

Our OB/GYN team provides a continuum of care for women from adolescence and pregnancy through menopause and beyond. We offer services ranging from prenatal care and family planning to hormone replacement therapy and everything in between.

### Clinic Hours

Monday – Thursday, 8:00 a.m. – 5:00 p.m.

Friday, 8:00 a.m. – 4:00 p.m.



**Sharrell Gibson, MD**  
*Obstetrics & Gynecology*



**Rebecca Gindelberger, DO**  
*Obstetrics & Gynecology*



**James Lindemulder, DO**  
*Obstetrics & Gynecology*



**Lorraine Weaver, MD**  
*Obstetrics & Gynecology*



**Danae Bell, MSN, FNP-BC,  
RNC-OB**  
*Obstetrics & Gynecology*



**Hollyann Lambdin, ACNP, BC**  
*Obstetrics & Gynecology*



**Kelly Simpson, MSN,  
WHNP, RNC-OB**  
*Obstetrics & Gynecology*



**Teneesa Stuckey, MSN,  
WHNP-BC, NEA-BC,  
C-ONQS**  
*Obstetrics & Gynecology*



## MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.



Goshen Physicians

OB/GYN

1122 Professional Dr.  
Goshen, IN. 46526

Phone: (574) 533-0560  
Fax: (574)-533-1716-Fax

## Consultation / Referral Request Form

Date: \_\_\_\_\_

☐ Incoming Request

☐ Outgoing Request

Referring Provider: \_\_\_\_\_

Person Calling: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

SS# \_\_\_\_\_

Insurance (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Primary Language: \_\_\_\_\_

Interpreter Needed: Y N

Reason for referral: ☐ Consult Only ☐ Consult and Treat ☐ Transfer of Care

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Provider: \_\_\_\_\_

Appt Date/Time: \_\_\_\_\_



Goshen Wound Center

Our multidisciplinary, integrated approach at Goshen Wound & Hyperbaric Center offers patients a team of specially trained doctors, nurses and technicians. For patients suffering from diabetic, neuropathic or pressure ulcers, venous insufficiency, traumatic wounds, surgical wounds, vasculitis, burns or any other chronic, non-healing wound – we can help. At Goshen Wound & Hyperbaric Center, we treat a wide range of wounds associated with complications from diabetes, vascular disorders and trauma.

## Wound Care

Our wound care doctors, nurses and technicians are specially trained in the latest treatments and technology available.

### Clinic Hours

Monday – Friday, 8:00 a.m. – 4:30 p.m.



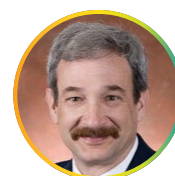
**Nathaniel Dew, MD, FACS**  
*General Surgery, Vascular Surgery*



**Daniel Diener, MD**  
*General Surgery, Vascular Surgery*



**Thomas Etter, MD**  
*General Surgery*



**Kevin Gerig, MD, FACS**  
*General Surgery, Vascular Surgery*



**Kevin Houseman, DPM**  
*Podiatry*



**Mark Ranzinger, MD, FACS**  
*General Surgery, Thyroid Surgery*



**Jonathan Schrock, MD**  
*Pain Management*



**Levi Smucker, MD**  
*Bariatric Medicine, General Surgery, Vascular Surgery*



## MEET OUR PROVIDERS

Learn more about our providers and their practices in our video library.



**Goshen Wound Center**  
2006 S Main St Suite B  
Goshen, IN 46526

## Goshen Wound Center – New Patient Referral Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Send Copy To: \_\_\_\_\_

Fax Results To: \_\_\_\_\_

Diagnosis #1: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #2: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #3: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Diagnosis #4: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

### FAX REFERRAL FORM

Date: \_\_\_\_\_

Does the patient have an open wound?

☐ Yes ☐ No

Is the patient an inpatient in a Skilled Nursing Facility?

☐ Yes ☐ No

If yes, is the patient under a Part A Medicare stay?

☐ Yes ☐ No

#### Wound #1

- ☐ Right Leg ☐ Coccyx/Sacrum  
☐ Left Leg ☐ Other: \_\_\_\_\_  
☐ Right Foot \_\_\_\_\_  
☐ Left Foot \_\_\_\_\_

#### Wound #2

- ☐ Right Leg ☐ Coccyx/Sacrum  
☐ Left Leg ☐ Other: \_\_\_\_\_  
☐ Right Foot \_\_\_\_\_  
☐ Left Foot \_\_\_\_\_

Please send a copy of patient's History and Physical, a recent Progress Note, most recent Labs, Vascular Studies, X-ray/imaging, current problems and Medication List, a current Face Sheet, and Insurance Card when faxing referral. Thank you.

### FOR OFFICE USE ONLY

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Confirmation Call Made: \_\_\_\_\_

RETURN FAX TO: (574) (574) 364-4561

OFFICE PHONE: (574) 364-4560