Dr. Anne Maitland, MD, PhD.

3 Pillars Therapeutics

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Referral Doctor

Doctor's Name _____. Clinic _____.

Email _____. Phone _____.

Website _____. Fax _____.

Clinic Address _____.

Patient Information:

Patient Name _____. Date of Birth _____.

Email _____. Phone _____.

Best Time to Call _____. Ok to Leave Message? ☐ Yes ☐ No

Address _____. City _____. State _____. Zip _____.

Referral Reason _____.

Billing

Dr. Maitland's services are considered Out-of-Network, and payment is expected at the time of visit. You will be provided with an itemized receipt which can be submitted to your insurance company for reimbursement based on your plan. Plase call your insurance company to learn about your out-of-network benefits.

Lab tests will be billed directly to your insurance provider by the lab test provider that receives the test order.