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## Registration Forms

### Medicaid Referral Forms

\*All Medicaid patients please have your PCP provider on your card fill out the form below and fax it to us prior to your visit!\*

If you are a provider referring us a West Virginia Medicaid patient please [click here](#) and fill out the West Virginia Medicaid referral form and fax it to 276-326-3046 prior to scheduling an appointment. If you are a provider referring us a Virginia Medicaid patient please [click here](#) and fill out the Virginia Medicaid referral form and fax it to 276-326-3046 prior to scheduling an appointment.

### Registration Forms

Either print these four forms out and fill it in prior to your visit or fill them out online by [clicking here](#).  
Medical Release Forms Print this form out and bring it in to your next appointment if you are releasing medical information to or from our practice.