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Gastroenterology

Please note: we cannot schedule patient until we receive all chart notes, op notes, radiology reports and insurance information to verify benefits. Please see our website www.directimagingyakima.com for the current list of contracted in-network insurance.

Referral Triage: First Available Urgent

Appointment type requested: Office Consultation

Direct Access~ EGD Colonoscopy

Patient Name _____ Interpreter Desired Y or N

DOB _____ Sex M or F SS# _____ Phone _____

Address _____

City _____ State _____ Zip _____

Employer _____ Phone _____

Emergency Contact _____ Phone _____

Referring Provider _____ PCP _____

Contact _____ Phone _____ Fax _____

REASON FOR VISIT _____

Diagnosis _____

INSURANCE: We are unable to get authorization on new patient referrals; they must be obtained by the referring physician's office. Our tax ID is 85-1199669 and our NPI is 1689283285. Please call us if you have any questions and thank you in advance.

PRIMARY _____ Policy holder name _____

Policy holder date of birth _____ Policy holder SS# _____

Insurance Address _____

Policy ID # _____ Group # _____ Date of Injury _____

Auth Required? Yes/No Auth # _____ Contact _____

SECONDARY _____ Policy holder name _____

Insurance Address _____

Policy ID # _____ Group # _____ Date of Injury _____

Patient must bring one piece of valid identification to first appointment with current insurance information.