Neurosurgery & Pain Specialists of the Carolinas, PC

O. Del Curling, Jr., MD, MBA

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Referral Request for Medicolegal Cases (W/C, MVA, personal injury, etc.)

(update 1/1/26)

Please type or legibly print all of the requested information, or designate N/A as appropriate. This form may be printed and mailed via US mail to the PO Box address above, faxed to 336/450-1001, or preferably saved and emailed to JanC@NPSofC.com . The designated payor will receive additional information thereafter necessary to proceed with scheduling. Thank you.

If you have any questions about completing this form or if it is unclear whether an evaluation of a particular patient by Dr. Curling is appropriate, we would recommend that you contact us to discuss the specifics of the situation, preferably via email (JanC@NPSofC.com). While we do not routinely require that records be submitted for review prior to requesting an appointment, we may do so in these situations in order to determine the appropriateness of a referral.

Note that all initial medical evaluations for medicolegal cases referred to N&PS are seen solely by Dr. Curling (i.e., not a PA, FNP, or other mid-level provider). Also note that Dr. Curling does not agree to "transfer of care" or initiation of treatment prior to completion of an initial evaluation. If following that evaluation, he feels that further evaluation/treatment may be indicated, then such may be offered in the practice after the initial service, if requested/authorized.

Patient/Claimant:

Name:

Address:

Phone (home):

Phone (mobile):

Email address:

SSN:

Birthdate:

DOI (date of injury):

Injury related to: ____NC Work Comp ____Other state W/C ____Fed W/C Comp

____MVA ____Non-MVA personal injury ____Malpractice ____Other_____

Problem (*please provide a brief summary addressing why the individual is being referred--i.e., diagnosis or major issues to be addressed*):

Employer Information (for W/C claims):

Company name:

Contact person:

Phone Number:

Employer Address:

Insurance Co. Adjuster or other 3rd party Payor:

Name:

Company:

Address:

Phone:

Fax:

Email:

Insurer's Case file number:

NCIC Claim number (for NC W/C cases, if different than above):

Case Manager (if assigned):

Name:

Company:

Address:

Phone:

Fax:

Email:

Carrier's/Insurance Co. Attorney (defense):

Name:

Company/firm:

Address:

Phone:

Fax:

Email:

Patient's Attorney (plaintiff's):

Name:

Company/firm:

Address:

Phone:

Fax:

Email:

Referring/Treating Physician:

Name:

Practice Name:

Phone:

Fax:

Email:

Scheduling specifics:

- Case manager attending appt? ____Yes ____No ____Not sure
- Appointment requested by: ____Adjuster ____Case Manager ____MD
  ____Sched. Co. ____Patient ____Defense atty ____Plaintiff atty ____Other
- Payment to be made by: ____Adjuster ____Scheduling Co. ____Patient
  ____Defense atty ____Plaintiff atty ____Other
- All records and studies (*actual films/CDs, not just written reports*) must be received prior to the appt or appt may be cancelled and subject to cancellation fees—records no later than 2 days prior and studies no later than time of appt (i.e., it is OK to have the patient bring the films/discs at the time of the appointment if they can't be obtained and mailed prior to the appointment)
- Note that signed authorization (memorandum of understanding) and prepayment must be received in our office prior to scheduling of initial appointments or services—if you are not the payor requesting this referral, that information will be forwarded to the payor designated above, and you will be contacted to proceed with scheduling once the necessary information has been received in our office.