



CEH

CENTER FOR EMOTIONAL HEALTH®

REFERRAL FORM

- To start the referral process, please fax this form to (704) 246-7190 or call us at (704) 237-4240 ext 5
- We accept Aetna, BCBS, Cigna, Medcost, Tricare, Medicaid: Cardinal, Partners, Vaya, NC HealthChoice, Carolina Access Plans, sliding scale, and self-pay rates
- Offering reduced rates for Medicare
- Offering reduced rates for out of network Medicaid
- CEH only files to primary insurances
- Accepting new patients

REFERRAL FORM

DATE: _____ OFFICE: _____

PHONE: _____ FAX: _____

PATIENT INFORMATION - HABLAMOS ESPANOL

NAME OF PATIENT _____ SPANISH SPEAKING PROVIDER NEEDED YES NO

DOB: _____ MALE FEMALE OTHER(SPECIFY): _____

HOME PHONE: _____

IF CHILD, NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ CITY: _____ ZIP: _____

INSURANCE: _____ MEMBER ID: _____

REASON FOR REFERRAL _____ MEDICATION MANAGEMENT THERAPY

SUBSTANCE ABUSE TELEPSYCH VETERAN SERVICES DISABILITY/FMLA

FORENSIC EVAL TMS(TRANSCRANIAL MAGNETIC STIMULATION)

LOCATIONS

ALBEMARLE	CARY	GREENSBORO	LEXINGTON	SOUTH PARK
ASHEVILLE	CHAPEL HILL	HARRISBURG	MATTHEWS	STATESVILLE
BALLANTYNE- ARDREY KELL	CONCORD	HICKORY	MONROE	STEELE CREEK
BALLANTYNE- STONECREST	EASTOVER	HUNTERSVILLE	RALEIGH	UNIVERSITY
BOONE	GASTONIA	LAKE NORMAN	SALISBURY	WINSTON

THANK YOU FOR REFERRING TO CEH!

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