



CEH

REFERRAL FORM

CENTER FOR EMOTIONAL HEALTH®

- 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:Alliance, Cardinal, Partners, Vaya, AmeriHealth, Carolina Complete, WellCare, Healthy Blue, NC HealthChoice, Carolina Access Plans, sliding scale, and self-pay rates
- Offering reduced rates for Medicare and out-of-network Medicaid
- CEH only files to primary insurance

Referring Office

REFERRING OFFICE: _____

DATE: _____

ORDERING PROVIDER: _____

PHONE: _____

FAX: _____

Patient Information

Hablamos Español - The patient requires a Spanish-speaking provider YES NO

LAST NAME: _____

FIRST NAME: _____

DOB: _____ GENDER (circle): MALE FEMALE OTHER (preferred pronouns) _____

IF MINOR, NAME OF PARENT/GUARDIAN: _____

PREFERRED PHONE: _____

E-MAIL: _____

HOME ADDRESS: _____

CITY: _____

ZIP: _____

INSURANCE: _____

MEMBER ID: _____

Reason for Referral

Diagnosis _____	Substance Abuse
Medication Management	Veterans Services
Therapy	FMLA Services
Telepsych	

NORTH CAROLINA LOCATIONS

ALBEMARLE	EASTOVER	JACKSONVILLE	SHELBY
ASHEVILLE	ELIZABETH CITY	LAKE NORMAN	SOUTH PARK
BALLENTYNE	FAYETTEVILLE	LEXINGTON	STATESVILLE
BOONE	GASTONIA	MATTHEWS	STEELE CREEK
CARY	GREENSBORO	MONROE	UNIVERSITY
CHAPEL HILL	HARRISBURG	PINEVILLE	WILMINGTON
CONCORD	HICKORY	RALEIGH	WINSTON-SALEM
DURHAM	HUNTERSVILLE	SALISBURY	

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