



# 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: 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
- Offering reduced rates for out of network Medicaid
- CEH only files to primary insurances
- Accepting new patients

REFERRAL FORM OFFICE: DATE:

PHONE: FAX:

### PATIENT INFORMATION

HABLAMOS ESPANOL - SPANISH SPEAKING PROVIDER NEEDED YES NO

NAME OF PATIENT

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  TELEPSYCH

SUBSTANCE ABUSE  VETERAN SERVICES  FMLA SERVICES

FORENSIC EVAL  TMS(TRANSCRANIAL MAGNETIC STIMULATION)

## NORTH CAROLINA LOCATIONS

ALBEMARLE	CHAPEL HILL	GREENSBORO	LEXINGTON	STATESVILLE
ASHEVILLE	CONCORD	LAKE BRANDT	MATTHEWS	STEELE CREEK
BALLANTYNE	DURHAM	GREENSBORO	MONROE	UNIVERSITY
ARDREY KELL	EASTOVER	WEST FRIENDLY	RALEIGH	WILMINGTON
BALLANTYNE	HUNTERSVILLE	HARRISBURG	SALISBURY	WINSTON
STONECREST	FAYETTEVILLE	HICKORY	SHELBY	HIGHLAND OAKS
BOONE	GASTONIA	JACKSONVILLE	SOUTH PARK	WINSTON
CARY		LAKE NORMAN		CHARLOIS BLVD

## THANK YOU FOR REFERRING TO CEH!

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