



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 DISABILITY/FMLA

FORENSIC EVAL TMS(TRANSCRANIAL MAGNETIC STIMULATION)

LOCATIONS

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

THANK YOU FOR REFERRING TO CEH!

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