



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)

LOCATIONS

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

THANK YOU FOR REFERRING TO CEH!

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