



Serenity Mental Health Services LLC

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Baton Rouge, LA 70816

Phone: 225-255-0899
Fax: 225-341-4345

Email: SerenityMHS@MDofficemail.com

Referral Form

Date: _____

Patient Name: _____ DOB _____ Age: _____ Gender: _____

Address: _____ City _____ State _____ Zip code _____

Phone number: _____ Guardian's Name(Minors only) _____

Insurance Information

Medicaid Medicare Private

Policy Holder's Name (if other than the patient) _____ DOB: _____

Primary Insurance Plan: _____ Member ID # _____

Secondary Insurance Plan: _____ Member ID # _____

Referral Information

Reason for Referral: _____

Comments:

Referring Facility Information

Referring Provider/ Facility: _____

Phone number: _____ Fax number: _____

Please Fax referral form and documents to (225) 341-4345 or email to SerenityMHS@MDofficemail.com

Thank you