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Medicare Advantage Behavioral Health Request for Psychological Testing

(Note: Form for psychological testing only. Neuropsychological testing is authorized by medical precertification, not Behavioral Health)

Customer Name:		Customer ID #:
Today's Date:	Date of Birth:	Provisional Diagnosis: (ICD 10 Code)
Date of Initial Interview:		

Tests Requested

List the name of all tests to be performed
(Add additional pages if more space is needed)

Code	# Units/Days requested	Dates of Service (if scheduled)

Results of initial diagnostic interview	
What previous treatment has member received, including medications?	
What questions are to be answered by the psychological testing?	
Can the above information be obtained through other means? (Examples: clinical assessment, records or medication review, or use of prior evaluations)	
How will the results of the testing be used to guide treatment decisions?	

Contact Information

Provider Name: _____	NPI #: _____
Contact Person: _____	
Phone: (____) _____	Fax: (____) _____

Please fax completed form to Behavioral Health Unit at 1.866.949.4846

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