

# ALABAMA MEDICAID PSYCHOLOGY REFERRAL FORM PHI-CONFIDENTIAL

Today's Date \_\_\_\_\_

Date Referral Begins \_\_\_\_\_  
(If different from above)

## Important NPI Information See Instructions

### MEDICAID RECIPIENT INFORMATION

Recipient Name	Recipient #	Recipient DOB
Address	Telephone # with Area Code _____	Name of Parent/Guardian _____

### PSYCHOLOGIST INFORMATION

### BEHAVIORAL HEALTH PROVIDER

Name	Name/Credentials
Address	Address
Telephone # with Area Code _____	Telephone # with Area Code _____
Fax # with Area Code _____	Fax # with Area Code _____
Email _____	Email _____
NPI # _____	NPI # _____
Medicaid Provider # _____	Medicaid Provider # _____
Signature _____	Signature _____

### EPSDT INFO

### LENGTH OF REFERRAL

<input type="checkbox"/> EPSDT Screening Date: _____ Completed by: _____	Referral Valid for _____ month(s) or _____ visit(s) from date referral begins.
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### REFERRAL REASON

Reason for referral by psychologist: _____ _____
Other diagnoses/conditions identified by PMP: _____

### PRIMARY PHYSICIAN INFORMATION

Physician Name	Preferred method of communication:
Address	Telephone # with Area Code _____
	Fax # with Area Code _____
	E-mail Address _____

**Note: Please submit written report of findings including the date of exam/service, diagnosis, treatment plan(s), progress notes and any other pertinent information to Primary Physician (PMP). Please document information and the delivery method(s) utilized.**

### METHOD(S) USED TO SUBMIT FINDINGS TO PRIMARY PHYSICIAN (PMP)

<input type="checkbox"/> Mail	<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Telephone	Date: _____
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