

1941. S. 42nd Street Ste. 129
Omaha, NE 68105

Phone: 402-871-9979
Fax: 402-614-9947
hillcounselingandconsulting.com

Mental Health/Community Service Referral Information

Referral Date: _____ Referral Contact Phone: _____ Referral Fax: _____

Referral Source (Name and Agency) _____

Referral Address: _____

Client Information

Client Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Residing with (name and relationship): _____

Address: _____

Contact Home Phone: _____ Contact Alternate Phone: _____

Referral Information

Presenting Concerns/Comments (attach additional sheets as necessary):

Diagnosis (if known): _____

Referral Services Requested (check all that apply):

Therapeutic Services

- Individual Therapy
- Family Therapy
- Chemical Dependency Evaluation
- Psychological Evaluation
- Pre-Treatment Evaluation
- Mental Status Exam
- Chemical Dependency Services
- Community Treatment Aid

Community Services

- Family Support Work
- Parenting Time/Supervised Visit
- Therapeutic Visitation
- Intensive Family

Preservation

Location of Services Requested:

- In Home In Office Either Location Other Location: _____

Insurance/Payment Information

Type of Insurance:

- Magellan
- Self-Pay/ Sliding Fee Scale
- Aetna
- Straight Medicaid
- Medicare (A or B)
- Blue Cross/Blue Shield
- None (provider service referral needed)
- United Behavioral Health
- Other: _____
- Cigna
- Midlands Choice

Policy #: _____ Group #: _____ Phone #: _____

Office Verification/Authorization

Medicaid Authorization

Medicaid Number: _____
Services Authorized: _____
Authorization Dates: _____
Authorization Number: _____
Add'l Information: _____

Private Insurance

Need Prior Authorization: _____
Deductable: _____
Deductable Met: _____
Copay: _____