



# CEH

## REFERRAL FORM

CENTER FOR EMOTIONAL HEALTH®

- 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 and out-of-network Medicaid
- CEH only files to primary insurance

### Referring Office

REFERRING OFFICE: \_\_\_\_\_

DATE: \_\_\_\_\_

ORDERING PROVIDER: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

### Patient Information

Hablamos Español - The patient requires a Spanish-speaking provider YES  NO

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ GENDER (circle): MALE FEMALE OTHER (preferred pronouns) \_\_\_\_\_

IF MINOR, NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

MEMBER ID: \_\_\_\_\_

### Reason for Referral

Diagnosis:	Therapy	Substance Abuse	FMLA Services
Medication Management	Telepsych	Veterans Services	

### NORTH CAROLINA LOCATIONS

ALBEMARLE	COTSWOLD	GREENVILLE	MATTHEWS	SOUTH PARK
ASHEVILLE	DAVIDSON	HARRISBURG	MONROE	STATESVILLE
BALLANTYNE	DENVER	HICKORY	MT. ISLAND	STEELE CREEK
BOONE	DURHAM	HIGH POINT	NEW BERN	UNIVERSITY
CARY	EASTOVER	HUNTERSVILLE	PINEVILLE	WILMINGTON
CHAPEL HILL	ELIZABETH CITY	JACKSONVILLE	RALEIGH	WINSTON-SALEM
CHERRYVILLE	FAYETTEVILLE	KINGS MOUNTAIN	SALISBURY	
CONCORD	GASTONIA	LAKE NORMAN	SHELBY	
CORNELIUS	GREENSBORO	LEXINGTON	SILER CITY	

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