



REFERRAL FORM

CENTER FOR EMOTIONAL HEALTH®

- To start the referral process, please fax this form to **(704)246-7190** or call us at **(786)753-6583 ext. 5**
- We currently accept Cigna insurance. We are currently in the credentialing process for other major insurance carriers in Florida. Sliding scale, and self-pay rates are also available.
- 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:	ESA Letter
Medication Management	Substance Abuse
Evaluation	504/IEP Letter

Self-Pay Rates

New Patient Visit	\$100
Medication Management Follow Up	\$50
<i>NOTE: Sliding scale rates are available</i>	

FLORIDA LOCATIONS

JACKSONVILLE	13241 Bartram Park Blvd., Suite 513, Jacksonville 32258
MIAMI - KENDALL	12985 SW 130 th Ct., Suite 206, Miami 33186
PEMBROKE PINES	9050 Pines Blvd., Suite 201, Pembroke Pines 33024
LUTZ / TAMPA	250 Crystal Grove Blvd., Lutz 33548

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