



2900 Chamblee Tucker Rd, Bldg 16 - Atlanta, GA 30341  
Phone: 770-939-1288 Fax: 770-538-1992

## UBHS Patient Referral Fax Cover

✓ Please fax this page and required referral documents to fax number 770-538-1992 ✓

Facility Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Total # patients referred: \_\_\_\_\_

### Services Requesting:

- Psychological/Behavioral Diagnostic Evaluation and Treatment
- Telehealth ( Psychiatric and Psychopharmacological Medication Evaluation and Management)

### Required Referral Documentation:

Medicare	Medicaid/Level 2 Passr	Private	Self Pay
<ul style="list-style-type: none"><li>• Doctor's order</li><li>• Facesheet</li><li>• Active Medicare Part B number</li></ul>	<ul style="list-style-type: none"><li>• Doctor's order</li><li>• Facesheet</li><li>• Active Medicaid #</li><li>• Level 2 approval letter (With overcodes 2.1 or 3.1 Recommended for specialized service)</li></ul>	<ul style="list-style-type: none"><li>• Dorctor's order</li><li>• Facesheet</li><li>• Active Insurance #</li></ul>	<ul style="list-style-type: none"><li>• Doctor's Order</li><li>• Facesheet</li><li>• Self-pay form</li></ul>

Note: \_\_\_\_\_

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