

# MENTAL HEALTH RESOURCES

412 CHATHAM SQUARE OFFICE PARK / FREDERICKSBURG, VA 22405  
 540-899-9826 FAX 540-373-3913 [WWW.MENTALHEALTHRESOURCESPC.COM](http://WWW.MENTALHEALTHRESOURCESPC.COM)

Date:		Do you need Testing or Counseling?	
Caller's Name: <i>(Last, First, Middle)</i>		Patient Name: <i>(Last, First, Middle)</i>	
Caller's Phone #:	Cell #:	Address:	
Legal Guardian/ Foster Parent		City/ State / Zip	
Address:		Phone:	Cell:
City / State / Zip		Work:	
Phone:	Cell:	Age:	DOB:
Referred By:	Agency:	SS#	
Name of School or Employer:		General Reason for Appointment: ( Problem )	
Has patient seen any other mental health provider in the last year? Who?			
Best time to Call?	Which? Home Cell		
Best time of day for appt?	Special needs?		
<b>INSURANCE INFORMATION</b>			
<b>MENTAL HEALTH RESOURCES</b>			
Insurance Company			
Telephone:			
Spoke with :			
Insured's Name:		Claims Submission Address:	
Insured's ID #	Group #		
Insured's Employer:	Insured's DOB		
Insured's SS#			

**OFFICE USE ONLY**

Insurance Effective Date:	Yearly?	Deductible?	Maximum / year
Precert for Counseling?	Auth#	Satisfied? Y N	Maximum / Lifetime
PCP Referral Required? Y N	Auth Dates	<b>CHARGES</b>	
OTR's frequency	Limitations?	90801 (first appt)	\$
TESTING- Precert Required?	Auth#	90806 ( session )	\$
<b>OUT OF NETWORK BENEFITS</b>		90846 / 90847 Family	\$
		90853 Group	
		96101 / 96102 TEST	\$
		TESTING UNITS	# \$
		Deductible on TEST	N Y