

MENTAL HEALTH RESOURCES

412 CHATHAM SQUARE OFFICE PARK / FREDERICKSBURG, VA 22405
 540-899-9826 FAX 540-373-3913 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?		
INSURANCE INFORMATION			
MENTAL HEALTH RESOURCES			
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	CHARGES	
OTR's frequency	Limitations?	90801 (first appt)	\$
TESTING- Precert Required?	Auth#	90806 (session)	\$
OUT OF NETWORK BENEFITS		90846 / 90847 Family	\$
		90853 Group	
		96101 / 96102 TEST	\$
		TESTING UNITS	# \$
		Deductible on TEST	N Y