

Blue Mountain Neuropsychological Associates, PS (Blue Mountain Psychology)

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REFERRAL FORM

Today's date: ___/___/___	Patient Name: _____	Date of birth ___/___/___
Patient's address:		
Patient's preferred phone#: ()	Patient's Email address:	
Reason for referral (reason and/or diagnosis required):		
Referral source:		
Insurance (check Primary & Secondary, if applicable): <input type="checkbox"/> Aetna <input type="checkbox"/> Asuris <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Cigna <input type="checkbox"/> First Choice <input type="checkbox"/> GEHA <input type="checkbox"/> Group Health <input type="checkbox"/> Humana <input type="checkbox"/> Lifewise <input type="checkbox"/> Magellan <input type="checkbox"/> Medicare <input type="checkbox"/> Optum <input type="checkbox"/> Oregon educators (ODS) <input type="checkbox"/> Premera	Insurance (check Primary & Secondary, if applicable): <input type="checkbox"/> Providence <input type="checkbox"/> Regence <input type="checkbox"/> State L&I <input type="checkbox"/> State Crime Victims <input type="checkbox"/> TriCare <input type="checkbox"/> United Behavioral Health <input type="checkbox"/> United Healthcare <input type="checkbox"/> U.S. Department of Labor <input type="checkbox"/> Value Options <input type="checkbox"/> Other _____	Contract#: Group#:

****Please bring your insurance card to the first appointment
(include a copy if submitting this form electronically)****

Intake paperwork to complete before first appointment (21 pages):

- 1) Go to <http://www.bluemountainpsychology.com/>
- 2) Click "Client Forms"
- 3) Click "Intake Forms"
- 4) Select "Adult" or "Child/Adolescent"