



Blue Mountain PSYCHOLOGY

BLUE MOUNTAIN NEUROPSYCHOLOGICAL ASSOCIATES, PS

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REFERRAL FORM

****Please Fax, US mail, or email completed form to DrLontz@BlueMountainPsychology.com****

Today's date:		Patient Name:		Date of Birth:		
Patient's address:		City:		State:	Zip:	
Patient's preferred phone#: () <input type="checkbox"/> Landline <input type="checkbox"/> Mobile		Patient's Email address:				
Referral Source:		Reason for Referral:				
Service Requested: <input type="checkbox"/> Therapy <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Neuropsychological Evaluation <input type="checkbox"/> Other:						
Insurance (check Primary & Secondary, if applicable): <input type="checkbox"/> Aetna <input type="checkbox"/> Asuris <input type="checkbox"/> Ambetter <input type="checkbox"/> Beacon Health <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> Cigna <input type="checkbox"/> Department of Labor and Industries (L & I) <input type="checkbox"/> First Choice <input type="checkbox"/> GEHA <input type="checkbox"/> HMA <input type="checkbox"/> Humana <input type="checkbox"/> Kaiser <input type="checkbox"/> Medicare		<input type="checkbox"/> Optum <input type="checkbox"/> Premera <input type="checkbox"/> Providence <input type="checkbox"/> Regence <input type="checkbox"/> Tricare <input type="checkbox"/> TriWest <input type="checkbox"/> United Behavioral Health <input type="checkbox"/> United Healthcare <input type="checkbox"/> United Healthcare Dual Complete <input type="checkbox"/> UMR <input type="checkbox"/> Value Options <input type="checkbox"/> WEBTPA <input type="checkbox"/> Other _____		Member ID# (Include Prefix if Applicable):		Group ID#:
		Name of Policy Holder:		Policy Holder DOB:		

Include a copy of insurance card(s) if submitting this form electronically.

- 1) **Required intake paperwork** is at our website: <http://www.bluemountainpsychology.com>
 - a. Click the header "**Client Forms**," select "**Intake Forms**" from the dropdown menu
 1. ***For the person being evaluated,*** select "**Adult Intake Form**" (ages 18+) *or* "**Child/Adolescent Intake Form**" (under 18 years old).

Please bring your photo identification, insurance card, and completed paperwork to the first appointment.