



500 Great Circle, Nashville, TN 37228 Tel. 1-866-780-8546 Fax 1.866-949-4846

**Behavioral Health
Request for Psychological Testing**

(Note: Form for psychological testing only. Neuropsychological testing is authorized by medical precertification, not Behavioral Health)

Customer Name:	Today's Date:
Customer ID #	Provisional Diagnosis: <i>(ICD 10 Code)</i>
Date of Birth:	Date of Initial Interview:

Tests Requested

*List the name of all tests to be performed
(Add additional pages if more space is needed)*

Code	# of Units requested	Dates of Service (if scheduled)

Results of initial diagnostic interview	
What previous treatment has member received, including medications?	
What questions are to be answered by the psychological testing?	
Can the above information be obtained through other means? <i>(Examples: clinical assessment, records or medication review, or use of or prior evaluations)</i>	
How will the results of the testing be used to guide treatment decisions?	



Contact Information

Provider Name: _____ **NPI#:** _____

Contact Person: _____

Phone: _____ **Fax:** _____

Please fax completed form to the Behavioral Health Unit at 1-866-949-4846

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