



**TRIANGLE NEUROPSYCHOLOGY SERVICES, PLLC**

3310 Croasdaile Drive, Suite 400  
Durham, NC 27705

1540 Sunday Drive, Suite 200  
Raleigh, NC 27607

**Referral Form**

Referring Provider: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone #: \_\_\_\_\_ Fax Office #: \_\_\_\_\_  
 Referral Contact Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 2<sup>nd</sup> Phone #: \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_  
 Subscriber Name: \_\_\_\_\_  
 Subscriber DOB: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_  
 Secondary Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_  
 Subscriber Name: \_\_\_\_\_  
 Subscriber DOB: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Reason for referral: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*Medical records MUST be included with all referrals.**

**\*If a PA is required per insurance, please provide completed PA Form with referral. The following CPT codes should be listed on your PA form: 96132, 96133 (8 units), 96138, 96139 (12 units), 90791, and 96121.**

Thank you so much for your referral!

Bates 5.10.23