TNS

**TRIANGLE NEUROPSYCHOLOGY SERVICES, PLLC**
1520 Sunday Drive, Suite 320
Raleigh, NC 27607

## Referral Form

**Referring Provider:** _____
**Address:** _____
_____
**Office Phone #:** _____ **Fax Office #:** _____
**Referral Contact Name:** _____

**Patient Name:** _____ **DOB:** _____
**Address:** _____ **Email:** _____
_____ **Phone #:** _____
**2nd 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