

HOPE Behavioral Health Referral Form

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**Date of Referral:** \_\_\_\_\_ **In-office appt or TeleTherapy ?** \_\_\_\_\_

Name of Facility/Office Referring: \_\_\_\_\_

Referral Source Contact Name: \_\_\_\_\_

**PRIORITY:** \_\_\_ **Low** (within 2 weeks) \_\_\_ **Medium** (see within 7 days) \_\_\_ **High** (see within 48 hours)

Patient's Name \_\_\_\_\_ Patient's Gender Identification \_\_\_\_\_

DOB \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Patient Phone \_\_\_\_\_ Patient Email: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Will patient be completing IOP/PHP? If Yes, when and where? \_\_\_\_\_  
If no, check here \_\_\_\_\_

**Specific needs or requests for treatment with HOPE (DBT, Art Therapy, etc):**

\_\_\_\_\_  
\_\_\_\_\_

**Patient's Insurance Company (these are the KY insurance plans we are contracted with):**

- ( ) Aetna or Aetna Better Health Medicaid Insurance Member ID number: \_\_\_\_\_
- ( ) Anthem(including Anthem Medicaid) Insurance Member ID number: \_\_\_\_\_
- ( ) Cigna Insurance Member ID number: \_\_\_\_\_
- ( ) Custom Design Benefits Insurance Member ID number: \_\_\_\_\_
- ( ) Humana (Commercial & Medicaid) Member ID number: \_\_\_\_\_
- ( ) Kentucky Medicaid Insurance Member ID number: \_\_\_\_\_
- ( ) MedBen Insurance Member ID number: \_\_\_\_\_
- ( ) Medical Mutual Insurance Member ID number: \_\_\_\_\_
- ( ) Passport Medicaid Insurance Member ID number: \_\_\_\_\_
- ( ) WellCare Medicaid or Medicare Insurance Member ID number: \_\_\_\_\_
- ( ) United Health Care/UMR/Optum Insurance Member ID number: \_\_\_\_\_
- ( ) Self-pay/Cash ( ) Other Insurance \_\_\_\_\_

**HOPE Behavioral Health**  
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