



REQUEST FOR TESTING

In order to process your request for psychological/neuropsychological testing, please complete the following information and submit it to the HBI UR Department.

Testing may be considered medically necessary only if the test results will be used to:

- a. Diagnose and assess level of cognitive functioning/improvement/assess psychopathology and,*
- b. Establish/confirm a medical/psychiatric diagnosis and,*
- c. Produce a change in the treatment plan and/or,*
- d. Guide therapeutic management of the patient.*

For neuropsychological testing a medical diagnosis or clinical symptom presentation suggesting a medical diagnosis is necessary in order to approve testing.

Patient Name: _____	Patient's Insurance: _____
DOB: _____ SS: _____	Insurance ID #: _____

Request for: Psychological testing Neuropsychological testing

Referral source - person requesting test (*i.e., self, MD, school, parent, etc.*) _____

Reasons for testing - issues to rule out that cannot be accomplished by psychological interview _____

Past testing done, if any (by whom, date, etc.) _____

Name of test(s), person and methods of administration. Test(s) administered by:

<u>Name of Test</u>	<u>Evaluation Method</u> <i>(Clinician, Technician, Computer)</i>	<u>Time Requested</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person doing interpretation and report: _____

CPT codes to be used: _____ Number of hours requested: _____

Date Requested: _____

Clinician Signature: _____

<i>HBI Use Only:</i>
Date Authorized: _____
Date Rejected/Pended: _____

UM Notes: _____	# Hours Authorized: _____
_____	UM Signature: _____