



Cary Psychiatry  
1616 Evans Rd, St 204  
Cary, NC 27519  
Phone: 919-378-9761  
Fax: 919-234-0494

## REFERRAL FORM

We welcome you to utilize this form to refer your patients for our office. Please review the information below prior to referring to our practice so that we can best serve your needs and the needs of your patients.

**INSURANCE** In-network with BCBS, United Healthcare, and Cigna. We are **not** in-network with Medicaid, Medicare, Blue Home, or marketplace plans (regardless of carrier; example: UHC plans with Medicaid). We accept patients with out-of-network insurance at the self-pay rate, but cannot accept self-pay patients who are Medicaid/Medicare.

**APPOINTMENT AVAILABILITY** 2-3 week wait time for consultations; time may vary. Cary Psychiatry does not offer counseling or therapy; we are medication management only, with CNS and ADHD testing. If your patient presents an immediate threat to themselves or others, seek out your local ER or emergency mental health facilities in your area.

Please circle referral reason: Medication Management Consultation      ADHD/CNS Testing with Consultation

Date of Referral: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Patient Insurance Carrier: \_\_\_\_\_ (BCBS, UHC, Cigna, or Non-Medicaid/Medicare self-pay)

Patient Insurance Member ID: \_\_\_\_\_ Group: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Office of Provider: \_\_\_\_\_

Provider Office Phone: \_\_\_\_\_ Provider Office Fax: \_\_\_\_\_

Additional reason(s) for consult: \_\_\_\_\_

Please fax this completed form, patient insurance card, and last office visit note to: **919 - 234 - 0494**

To be completed by Cary Psychiatry and returned to referring office

Patient scheduled (DATE/TIME/PROVIDER): \_\_\_\_\_

Patient did not schedule due to: \_\_\_\_\_