



CONFIDENTIAL

CONFIDENTIAL

Psychological/Neuropsychological Testing Request Form
Fax to: (205) 868-9625

IMPORTANT: You must always obtain precertification for psychological testing if: 1) If you are not in network with American Behavioral and/or 2) If you are requesting more than five (5) hours of testing

IMPORTANT: You must always obtain precertification for neuropsychological testing.

PLEASE NOTE: Page two (2) of this form is required only when requesting more than five (5) hours of testing.

Patient Name: Patient ID #: Subscriber Place of Employment:

Patient DOB: Subscriber Place of Employment:

Office Contact: Phone #: Fax #:

Testing Date: Testing Psychologist/Neuropsychologist:

Address Where Testing Will be Performed:

Table with 2 columns: Diagnosis (with checkboxes) and Recommended Number of Hours Allowed. Includes a note about non-covered benefits and a section for 'Administered by a Psychologist or Neuropsychologist ONLY'.

Table with 4 columns: Requested CPT Code, # of Hours Requested, Specify names of test attributed to this CPT Code, Name and Credentials of Administering Technician OR Name(s) of Computerized Test(s) To Be Administered.

CONFIDENTIALITY NOTICE: The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above.

Document #: 876153201071; Revised: 01/03/19

Supersedes Revision(s) Dated: 01/06/10; 10/20/09; 02/19/10; 04/01/10; 04/29/10; 03/04/11; 04/19/11; 01/31/12; 12/10/13; 05/29/14; 11/07/14; 04/06/15; 05/09/17

Patient ID: _____

Detailed clinical symptoms: _____

How will the testing affect treatment? _____

APPEALS PROCESS: You have the right to appeal this determination through the appeals process which you may access by calling American Behavioral at 877-660-6646. A copy of American Behavioral Clinical Services policies and procedures concerning appeals and a copy of the specific clinical criteria used in this decision are available by request.

Payment of benefits is subject to eligibility at the time services are rendered according to the terms of the benefit contract and payment is subject to retroactive eligibility verification.

CONFIDENTIALITY NOTICE: The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of the message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original message to us at 2204 Lakeshore Drive, Suite 135, Birmingham, AL 35209.