**Request Access to:**

**Clinician Info Grid**

**In-House Referral Form**

**Referral Follow Up** *(When you have a referral in hand)*

**Private Insurance & Medicaid Script**

*[When you get a referral faxed to you, please enter all of the information into [YOUR EHR] and then call the client to obtain the remainder of the information and schedule the appointment.]*

**Hi, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am calling from [COMPANY NAME] to follow up on (missed phone call/referral/contact) regarding a (counseling session/assessment).**

**It looks like we received a referral from [REFERRING AGENCY] for an [TYPE OF REFERRAL]. Let me get a little bit of information from you so we can decide on how to get that scheduled.** (Review the information listed on the referral and complete any missing information, specifically their email address and enter it into [EHR].)

**Before we go any further, may I ask, in a few words, can you give me an idea of some symptoms you are experiencing so we can match you with one of our providers.** [Use the Clinician Info Grid to determine the best match for the client.

[Schedule the appointment for the client.]

**Now that we have your appointment scheduled, let me give you a few important reminders.**

1. Please arrive 15-20 minutes early for your first appointment to complete all of the documentation **OR** you complete them electronically through our HIPAA compliant portal, INTAKE Q. You will receive a welcome email from INTAKE Q.
2. If the referred client is a child, the first INTAKE appointment is Parent Only. Please do not bring your child to this appointment.
3. If you are on any medications please bring a list of those.
4. Bring your insurance card so that we can make a copy.
5. We have a 24 hour cancellation policy so please let us know immediately if you will not be able to make your appointment. Your provider only schedules a limited number of clients per day so please be respectful of their time.
6. Please understand the first session will primarily consist of completing and discussing intake information as well as a background and history of symptoms.
7. At [COMPANY NAME] we have a wide variety of clinicians with different skills and expertise. After the intake, if you feel a different type of clinician would better meet your needs, please feel free to call and ask for the Referral Coordinator, and we will make any necessary adjustments.

***REMINDERS [Include any important information relevant to your EHR and your company here.]***

* *Make sure all of the demographics and insurance information is complete in [EHR] including their email address, referral source and emergency contact.*
* *Make sure you have verified their insurance and they are aware of any upfront fees.*

**Incoming Call Referrals (Including Self-Referred)**

**Insurance**

Good (Morning/Afternoon/Evening), thank you for call [Company Name], how may I help you?

Client says, “I’m looking for counseling.”

**I can help you with that. Would you be using your insurance or self-pay for your counseling visit?** **Let me get a little bit of information from you so we can decide on how to get that scheduled.** (Review the information listed on the referral and complete any missing information, specifically their email address and enter it into [EHR.)(If they are using insurance, use the In-House Referral form or enter their information into [EHR].)

**Before we go any further, may I ask, in a few words, can you give me an idea of some symptoms you are experiencing so we can match you with one of our providers.** [Use the Clinician Info Grid to determine the best match for the client.]

**Now that I have all of your information, I will start verifying your insurance and looking at clinician availability. Once I complete this process you will receive a call right back from me and we will get your appointment scheduled. ---------------------------------------------------------**

[Schedule the appointment for the client.]

**Now that we have your appointment scheduled, let me give you a few important reminders.**

1. Please arrive 15-20 minutes early for your first appointment to complete all of the documentation **OR** you complete them electronically through our HIPAA compliant portal, INTAKE Q. You will receive a welcome email from INTAKE Q.
2. If the referred client is a child, the first INTAKE appointment is Parent Only. Please do not bring your child to this appointment.
3. If you are on any medications please bring a list of those.
4. Bring your insurance card so that we can make a copy.
5. We have a 24 hour cancellation policy so please let us know immediately if you will not be able to make your appointment. Your provider only schedules a limited number of clients per day so please be respectful of their time.
6. Please understand the first session will primarily consist of completing and discussing intake information as well as a background and history of symptoms.
7. At [COMPANY NAME] we have a wide variety of clinicians with different skills and expertise. After the intake, if you feel a different type of clinician would better meet your needs, please feel free to call and ask for the Referral Coordinator, and we will make any necessary adjustments.

***REMINDERS***

* *Make sure all of the demographics and insurance information is complete in [EHR] including their email address, referral source and emergency contact.*
* *Make sure you have verified their insurance and they are aware of any upfront fees.*

**After the Scheduled Appointment...**

* Make sure to include an Appointment Note in [EHR] giving the provider the information such as: reason for referral, is this regular intake, an assessment (if so, what type?), etc. The Provider needs this information in order to be prepared for the appointment.
* Call or fax the Referral Source notifying them of the client’s Appointment date and time.
* Upload the Referral into the Client’s chart in [EHR] in the Attachments section as well as any other relevant information.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_