## <u>Ingalls Memorial – Behavioral Health Referral</u>

FAX TO: 708-915-8612 (ATTN: Assessment & Referral Team)



## INSURANCES ACCEPTED: MEDICARE, MEDICAID, MOST COMMERCIAL PLANS

LOCATIONS: Flossmoor (19550 Governors Highway, Suite 3700)
Harvey (One Ingalls Drive)
Tinley Park (6701 W 159<sup>th</sup> St, Entrance F, Suite 2)

TYPE OF REFERRAL (Choose ONLY One)	
☐ Intensive Outpatient Program (Ages 12+) (Intensive Outpatient Program (Ages	
☐ Group Therapy Services (Ages 12+) (3-5 pa	atients per group)
☐ Addiction Services (Ages 18+) (Intensive ou (Medicaid not accepted)	itpatient, detox, or residential programs)
REASON FOR REFERRAL:	
Is this patient currently receiving psychiatric	medication management?
<ul><li>☐ Yes, from their primary care physician</li><li>☐ Yes, from their psychiatrist</li><li>☐ No</li></ul>	
Frequently, patients can be hard to reach. Pleas email address to facilitate the referral and comm	,
@uchospitals.edu or	@medicine.bsd.uchicago.edu
PATIENT INF	ORMATION
PATIENT STICKER <u>OR</u>	
Patient Name:	PHONE NUMBER:
Date of Birth:/	
Provider Name:	
Insurance (circle): Medicare Medicaid Private	