Astra Behavioral Health, LLC

2000 Ring Rd, Elizabethtown, KY 42701

Phone: 270-506-2730 Fax: 270-900-0704

Referral Form

Client Information

Client Name:______________________________ Date of Birth: ____________

Address: ______________________________ Zip Code: ____________

Phone: ______________________________ Social Security: ____________

Insurance Information

Medicaid

☐ Passport Health Plan ☐ WellCare Health Plans ☐ Humana CareSource

☐ Anthem BlueCross BlueShield Medicaid ☐ aetna Aetna Better Health of Kentucky

Policy #: ____________________ Medicaid ID: ____________________

Commercial/Medicare

☐ Anthem ☐ Humana ☐ UnitedHealthcare

☐ Cigna ☐ Medicare ☐ aetna

☐ ☐ Other: ______________________________

Policy #: ________________ Subscriber: ____________ Date of Birth: ________

Referral Information

Person Referring: ______________________________ Date of Referral: ____________

Contact Number: ______________________________ Business Hours: ____________

Referral Type

☐ Medication / APRN ☐ Therapy

☐ Other Related Treatment: ______________________________

*PLEASE COMPLETE ALL SECTIONS