HealthLinkNow

PATIENT SELF-REFERRAL FORM

PLEASE FAX REFERRAL FORM AND COPY OF INSURANCE CARD TO (916) 669-1213. YOU MAY ALSO EMAIL IT TO HLNSERVICES@HEALTHLINKNOW.COM

APPOINTMENT REQUESTED:

☐ Therapy ☐ Medication Management ☐ Group Therapy

REQUIRED DOCUMENTS:

☐ Copy of Insurance Card

Patient Name:	
DOB:	
Phone Number:	
Email Address:	
Preferred Method of Contact:	☐ Email ☐ Phone Preferred Time: _____
Address:	
Insurance Carrier:	
Insurance Subscriber ID#:	
Special instructions:	

REFERRALS SENT AFTER 3:30PM (PST) WILL BE PROCESSED THE FOLLOWING BUSINESS DAY. IF YOU HAVE QUESTIONS, PLEASE CONTACT HEALTHLINKNOW AT (888) 880-8443.