Referral Form

Workers' compensation behavioral health Referral

Ascellus Behavioral Health

Send to: referrals@ascellus.com | Fax (561) 833-9333 | Questions: (866) 678-2924

Please attach medical records and the medication list. Fields marked* are required.

1: Injured Worker

Full name* | **Claim#*** | **Date of injury***

Date of birth* | **Gender** | **Phone*** | **Email***

Address* Street, city, state, ZIP

Claim state* | **Preferred language*** | **Employer*** | **Date last worked***

Diagnosis | **ICD-10 codes*** | **Surgery date** if any | **Medical records***

Select one

Injury description* How the injury happened and body parts involved

2: What Do You Need From This Referral?

Required: select one option below. Choose the one that best matches what you want the provider to do.
Your choice only directs the type of evaluation. It does not accept, add, or concede a mental injury on the claim.

◯ **Delayed recovery prevention and support**
NO CAUSATION, NO MENTAL INJURY
Physical injury claim. You want help with barriers slowing recovery or return to work, such as fear of reinjury, stress, anxiety, or poor coping. The provider will not address causation or evaluate for a psych diagnosis.

◯ **Psychological evaluation with or without causation (AOE/COE)**
DIAGNOSIS, CAUSATION IF REQUESTED
Physical injury claim where a psych condition is alleged, suspected, or accepted. You want the provider to evaluate for a diagnosis and, if you request it below, address whether it is work related.

◯ **Mental-only claim**
NO PHYSICAL INJURY
The claim is for a mental injury/psychological condition, alleged, diagnosed, or suspected, such as stress, anxiety, depression, or PTSD, that develops without an accompanying physical injury.

◯ **Neuropsychological screening or evaluation**
COMPREHENSIVE TESTING
Head injury, concussion, TBI, or reported problems with memory, attention, or thinking. A provider performs testing to measure cognitive function, identify deficits, and make recommendations for treatment, restrictions, and return to work.

◯ **Psychiatric evaluation and medication management**
PSYCHIATRIST (MD/DO)
Select when a referral is needed for psychiatric evaluation and medication management of a mental injury. In states requiring an MD/DO to serve as the Primary Treating Provider for mental injury claims, a psychiatrist may also determine causation and provide work status updates, as permitted by state law.

◯ **Not sure**
WE WILL HELP YOU CHOOSE
Ascellus will review the referral and records and confirm the right path with you before scheduling.

If you chose Psychological evaluation, Mental-only, or Psychiatric evaluation:

Mental claim status | **Decision date** if applicable and status is Pending | **Causation (AOE/COE)**

Select one

☐ Provider to address causation

Reason for referral and what you want answered* In your own words, e.g., "fear of reinjury delaying RTW after knee surgery"

Claim #

3: Optional Requests

- [ ] Ascellus to act as Primary Treating Physician for the mental injury
- [ ] Ascellus provider to address work status
- [ ] Schedule a teleconference with the treating provider and an Ascellus clinical QA advisor prior to initial evaluation

4: Claim Contacts and Payor

Adjuster

Name*

Email*

Phone*

Ext

Fax

Nurse case manager if assigned

Name

Email

Phone

Ext

Fax

Attorney if represented

Name

Email

Phone

Ext

Fax

Payor

Payor / carrier name*

Billing address

5: Primary Treating Provider (if not Ascellus)

Provider name

Phone

Fax

Address

Email referrals@ascellus.com or fax (561) 833-9333. Questions: (866) 678-2924 | ascellus.com

Ascellus™ Behavioral Health