MINES
An International Business Psychology Firm
Corporate Address: 10367 West Centennial Road | Littleton CO 80127
Toll-Free: 800-873-7138 | Local: 303-832-1068 | Fax: 303-832-9701
www.minesandassociates.com

Request for Psychological Testing

Please complete this form and fax it to 303-832-9701 Attn: Case Management

Today's Date:	
Client's Name:	
Insurance ID # or MINES ID #:	
Client's DOB:	
Insured's Name (if different from the client):	
Insured's DOB (if different from the client):	
Insured's SSN (if different from the client):	
Employer or Union:	
Who is requesting the initial referral to the Testing Psychologist?	

Testing Provider Information

Provider Name Printed:			
License Type:			
Name of Organization or Agency:			
Phone Number:			
Fax Number:			
Email:			
Service Address:			
NPI:			
Tax ID:			
License Number:			
Network Status:	In: ☐	Out: ☐	Willing to do SCA:

Request Details

Total Number of Hours Requested and Rate Per Hour:	# of Hours:	Rate:
Please list CPT codes and number of units for each:		
Required – F or Z code:		
Tests to be used (List each one):		
Date for Testing to begin:		

Supporting Clinical Questions

To complete this request, please provide answers to the following questions.

Explain the clinical necessity of testing:
What is the purpose of psychological testing with this client?
What is the clinical question that needs to be answered by this question?
Why can't this question be answered by a diagnostic interview, a medical and/or neurological consultation, review of the psychological/psychiatric records, or second opinion?
What previous treatment has been attempted?
Pertinent medical and family history:
Current medications:
How would the results impact the treatment plan? Please describe in detail.

Provider Signature: _____

Date: _____