

## Neurobehavioral Status Exam

(code 96116)

Fax this request to: (866) 480-9903

Questions? Call: (800) 525-2395

DATE OF REQUEST: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>RECIPIENT INFORMATION</b>		
Recipient Name (Last, First, MI):		
Recipient ID:		DOB:
Address:		Phone:
City:	State:	Zip Code:
Responsible Party Name:		
Address:		Phone:
City:	State:	Zip Code:
<b>REFERRING PROVIDER INFORMATION</b>		
Referring Provider Name:		NPI:
Phone:		Fax:
<b>PSYCHOLOGIST INFORMATION</b>		
Psychologist Name:		NPI:
Phone:		Fax:
<b>CLINICAL INFORMATION</b>		
Scheduled Date of Neurobehavioral Status Exam:		
Number of 96116 Unit Requested:		
Has previous testing been performed? <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, date: ____/____/____		
Is this request for Healthy Kids (EPSDT) services? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Current symptoms and relevant history:		
Referral Question (specific reason for referral):		
<b>Requested Procedures/Methods</b>		<b>Requested Procedures/Methods (Continued)</b>
1.		5.
2.		6.
3.		7.
4.		8.
Requesting Provider Signature:		Date:
<b>HP ENTERPRISE SERVICES USE ONLY</b>		
Codes and Units Approved:		
Approved From:		Approved Through:
Codes and Units Denied:		
Denied From:		Denied Through:
Reviewer Signature:		Date:

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