

Psychological Testing Request - Child

Psychological Testing Request Child Details

Psychological Testing Request - Adult

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

Yes No

Provider Information

Provider Name:*

Provider Contact #:*

Provider E-mail:*

Request Information

I hereby attest this testing request is not solely for the purpose of vocational or educational assessments.*

I hereby attest this testing request is not for a medical condition (e.g., stroke, brain tumor, epilepsy, anoxia, head injury, etc.).*

Has testing started?*

Yes No

Provider License Type:**

PhD MD

Current Medications (include dosage and frequency):*

Has the participant been assessed by a licensed mental health professional prior to testing?*

Yes No

Has participant had psychological testing in the past?*

Yes No

Case Background:*

What are the specific questions to be answered by this testing?*

List all tests requested, including number of hours for each test:*

I hereby attest that all of the information above is true and accurate to the best of my knowledge.*

The Data Capture form will launch automatically when this form is saved. No selection is needed.**

Yes

Please note this authorization request is not a guarantee of payment, coverage is still subject to applicable State of Maryland benefits.