



5930 E Pima Street Suite 138, Tucson AZ 85712 . phone 520-441-4006 . fax 855-249-5320

Neuropsychological Assessment Referral Form

Name of Patient: _____ Patient DOB: _____

Referring Provider: _____

Referring to (circle one):

Sarah B. Burger, Ph.D., ABPP-CN

MaryAnne Belton, Psy.D.

Emily M. Graber, Psy.D.

First Available

Patient presents with complaints about neurocognitive functioning, and about _____
_____ in particular. Medical risk factors include
_____.

(The following behavioral factors are acknowledged, but are being adequately addressed given the current treatment plan: _____. In particular, patient has undergone _____, with neurocognitive symptoms proving refractory to treatment.) Neuropsychological testing is requested to identify and quantify present neurocognitive deficits, to assist with differential diagnosis of neurocognitive complaints, and to direct treatment. In particular, decision-making regarding _____ requires neuropsychological assessment.

Referral diagnosis code(s)*: _____

*Please use *medical* diagnosis codes.

For Prior Authorization, use the following codes: 96116 x 1, 96121 x 1, 96132 x 1, 96133 x 7, 96146 x 1, 96138 x 1, 96139 x 13

Referral should be addressed to Sarah B. Burger, Ph.D. of A-Z Neuropsychology, LLC

Tax ID: 82-2794284

Group NPI: 1881193522

Please fax this completed form or your own office referral, alongside the patient's most recent office notes, any available brain imaging or EEG monitoring records, authorization (if required), and a demographics sheet (including at a minimum patient contact information and insurance information) to 855-249-5320.