

Referral Intake Form



Please call to refer or fax/email this completed form to Inpathy:

Email: care@inpathy.com

Fax: 856.872.2524

Number of pages: _____

Referral date: _____

Inpathy is way to access psychiatry and mental health care through convenient, online video calls. It allows individuals to do sessions from home or any other private space using technology they may already have – namely a computer, smart device and a strong internet connection. Inpathy has a large network of providers to choose from, including psychiatrists, psychiatric nurse practitioners, therapists and counselors. Inpathy also offers 24/7 technical support and support finding and scheduling an appointment with a provider through their support line (1.800.442.8938).

Referring Information

Practice name:	Phone number:	Email:
Contact person name:	Fax number:	State:
Provider name:		

Patient Information

Patient last name:	Patient first name:	Gender (male, female, other):	State:	Date of birth (mm/dd/yyyy):
Primary email (required):		Phone (with area code):	Preferred method (circle one): Phone Email	
If minor, name of parent/caregiver/guardian and relationship:		Language (if not English):		
Services requested (circle): <div style="display: flex; justify-content: space-around; width: 100%;"> Med Management Therapy/Counseling Both </div>				

Insurance Information (Please attach a copy of insurance card)

Insurance plan: Circle one (See list of accepted insurances by state at the bottom of this form)				
Aetna	Cigna (NJ and NY only)	Optum	Beacon Medicaid (CA only)	Horizon BC/BS
Member ID:				
Subscriber name (if different from consumer):			Subscriber DOB (mm/dd/yyyy if different from consumer):	

Is patient is willing to pay out-of-pocket? (circle one) Yes No

This fax and any attachments thereto may contain private, confidential and privileged material for the sole use of the intended recipient. Any reviewing, copying or distribution of this fax (or any attachments thereto) by anyone other than the intended recipient is strictly prohibited. If you are not the intended recipient, please contact the sender immediately and permanently destroy this fax and any attachments thereto.

Aetna

California
Colorado
Missouri
New Jersey
New York
Pennsylvania
Virginia

Cigna

New Jersey
New York

Optum/United Healthcare

California
Colorado
Missouri
New Jersey
New York
Pennsylvania
Virginia

Beacon Plans

California Plans:

Alameda
CCAH
Gold Coast
Partnership HP
San Francisco HP
San Joaquin HP
LA Care

Horizon Behavioral Health

NJ Counties:

All

NY Counties:

Bronx, Kings, New York, Orange,
Richmond, Rockland, Westchester

PA Counties:

Bucks, Delaware, Lehigh, Monroe,
Northampton, Philadelphia, Pike

DE County:

New Castle