



## Referral Form

Fax this form to: (336)922-3206 or email [dr.naylor@triadnps.com](mailto:dr.naylor@triadnps.com)

Dr. Naylor provides evaluations and therapy to adults and children, including worker's comp cases.

### INSURANCE:

- Dr. Naylor is ONLY paneled with Carolina Behavioral Health Alliance, the mental health provider of those insured with Wake Forest University and the Atrium/WFU hospital system.
- Dr. Naylor is out of network for other insurance groups and is not a Medicaid/Medicare provider.

Referring Office: \_\_\_\_\_

Physician & Specialty: \_\_\_\_\_

Patient being referred for: \_\_\_\_\_ Neuropsychological Assessment \_\_\_\_\_ Cognitive Treatment

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

Differential / Rule Out Diagnoses: \_\_\_\_\_

\_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Ph Nbrs: \_\_\_\_\_

Patient Email: \_\_\_\_\_

Patient Insurance: \_\_\_\_\_ Atrium Hlth/Wake Forest Univ insurance (likely covered)

\_\_\_\_\_ Other insurance (not covered) \_\_\_\_\_ Medicare/Medicaid (not covered)

Reply back instructions/contact: \_\_\_\_\_

\_\_\_\_\_

Thank you for your referral.

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