

External Provider Referral Form

Disclaimer: Please read the exclusions on the next page.

Referring Provider	
Name:	Practice:
E-Mail:	Phone:
Website URL:	Fax:
Consulted Provider	
Name: Darnelle Scott, MSN, APRN, PMHNP-BC	Practice: Scott Psychiatric Consultants, LLC
E-Mail: darnelle@scottpsych.com	Phone: (972) 945-8840
Website URL: http://scottpsych.com	Fax: (972) 435-4398
Patient Information	
Name:	DOB:
E-Mail:	Phone:
Best Times:	OK to Leave Messages? \square Yes \square No
Address:	
Referral Reason(s):	
Insurance Co:	Policy #:
Insurance Covers Psych ☐ Yes ☐ No ☐ Unknown	Insurance Phone:
Medications:	
Test Results:	
Substance History:	
Other:	
Other.	
Referring Provider Signature:	Date:
For office use only:	
Decision: Client added to practice Declined for reason	
Provider Signature:	Date:



Exclusions

- 1. Referral will be declined if the client does not have the following insurances (unless they are willing to self-pay clinic fees):
 - a. UnitedHealthcare (Optum)
 - b. Aetna
 - c. Cigna
 - d. Iowa Medicaid
 - e. Evernorth
- 2. Referral will be declined if the client is in other states except Texas, Iowa, or New Mexico.
- 3. Referral will be declined if the client needs in-person appointments (unless visiting at a group home or similar environment). We are a telehealth-only practice via video chat, secure messaging, and secure phone calls.
- 4. Referral will be declined if the client needs injectable medications. We do not see clients in person.
- 5. Referral will be declined if the client needs continuance or a new prescription of controlled substances.
- Referral will be declined if the client needs therapy services. Currently, we do not provide
 therapy services; we will accept if in need of medication management only or if they already are
 seeing a therapist and need medication management added to their treatment (NO controlled
 substances).
- 7. Texas only: Referral will be declined if the client is living in a group home or similar environments and:
 - a. Does not have any insurance listed above or does not agree to self-pay. (We are currently working to get credentialed with Texas Medicaid).
 - b. Cannot participate in one-on-one appointments with the provider in their comfortable living or private meeting space. This is non-negotiable. Meetings will not occur over the phone or video chat. These appointments will be made in person with a nearby staff member in their living environment.
 - c. The provider cannot access medical records at the facility or living environment.

This list is not exhaustive; the consulting provider has sole discretion on why a client is approved or denied.

Guardian/Case Manager/DPOA disclaimers

- 1. If a referral is made to our office concerning a prospective client who has a legal guardian, case manager, or DPOA, it will be the sole responsibility of that person to fill out all new patient paperwork either by portal or on paper, if the client is unable to do so.
- 2. Current legal paperwork must be provided to our office, and it needs to stay current! Non-negotiable.