



The Benefits of Better Health

Psychological or Neuropsychological Testing Authorization

Please complete this form for psychological and/or neuropsychological testing authorization **only if more than 6 hours of testing will be done.** (If the testing, including time for interpretation and report, will take 6 hours or less, it does not need to be authorized.) GEHA will notify you of our determination after reviewing the following information.

Today's date: _____
Patient name: _____ Phone: _____
ID number: _____ Date of birth: _____
Member address: _____

Provider name/title: _____
Tax ID: _____
Phone: _____ Fax: _____

Purpose of testing? _____

Preliminary diagnosis/ICD-10 code: _____

Number of hours of testing requested (include time for interpretation and report) and CPT codes?

Anticipated date(s) of service: _____

Preliminary list of tests you will attempt to complete? _____

IMPORTANT: Please fax completed form to 816.257.3255 or 816.257.3515

Questions: Call Care Management at 800.821.6136, ext 3100.
Payable benefits are subject to the terms and conditions of the Health Benefit Plan.