



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.