State Sponsored Business
CommunityConnect HealthPlan
PO Box 3157
Eau Claire, WI 54702-3157

Request for Psychological Testing Preauthorization

Member Name: _____ Member Unique ID or Policy #: _____
DOB: _____ Subscriber Name: _____

1. Person or Agency Making Request for Testing:
   - ☐ Psychologist ☐ Court ☐ School Staff(Specify) _____
   - ☐ Psychiatrist ☐ Parent ☐ PCP/ Medial Specialist _____
   - ☐ Counselor ☐ Teacher ☐ Other: _____

2. Testing Provider Information:
   Name/Degree: _____ Telephone: _____
   Address: _____ Fax #: _____
   _____
   Are you and CommunityConnect Provider? ☐ Yes ☐ No
   If yes, what is your CommunityConnect Provider Number (NPI;Not Tax ID): _____

3. What is the purpose of the testing? _____
   _____
   _____
   _____
   _____

4. Current or Provisional DSM-IV Diagnosis Code Description
   1. _____ _____
   2. _____ _____
   3. _____ _____

5. Dates of Testing: _____ Number of Hours requested (total): _____ Is testing primarily neuropsychological ☐ Yes ☐ No

Was an Initial Interview Performed: ☐ Yes ☐ No If Yes, when _____. Please provide summary/notes.

Names and Type(s) of Testing:	Time Requested (included Administration, Scoring, Interpretation and reporting)	Psychologist –(P) Technician- (T)* or Computer (C) Administered

_____ _____ _____
Signed Name of Provider (Print) Date

FAX Completed form to: 877.471.6658

www.CommunityConnectHealthPlan.com

In southeastern Wisconsin, CommunityConnect HealthPlan is the trade name used by Compcare Health Services Insurance Corporation for its insurance policies offered through the BadgerCare Plus program.

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