Mile High Psychiatry, Corporate Offices
2675 S Abilene St #100
Aurora, CO 80011
Phone: 720-507-4779

Medicare Collaborative Practitioner Referral Form

In compliance with Medicare's recent requirements and to maintain quality patient care, Mile High Psychiatry requires a referral from a primary care or other healthcare provider for patients seeking mental health support. Patients must have an in-person visit with our team at least once per year. Alternatively, if preferred, this assessment can be completed by their primary care provider during their annual wellness visit.

We kindly request your collaboration and are here to work together to support your patients' mental health needs. Thank you for your time and support! If you have any questions or concerns, please feel free to call us at (720) 507-4779.

Patient Demographics

Full name: Date of birth:

_____

Provider Information

Provider Name and credentials:
Practice address:
Contact information:
Provider NPI:
Patient was provided an in-person assessment: Yes No
Date of In-Person Exam:

Vitals:

Reason for Referral:

- ☐ Psychiatric evaluation
- ☐ Medication management
- ☐ Counseling
- ☐ Other _____

By signing below, I confirm that I have conducted an in-person physical exam for this patient within the past 12 months in order to meet Medicare's quality of patient care requirement. I agree to collaborate as a supporting practitioner for our shared patient and request that Mile High Psychiatry continue their mental health care as needed.

To submit this completed form please email a PDF or photocopy to mhp@milehighpsychiatry.com or fax it to us at (833) 941-5047.

Provider Signature_____