



## REFLECTIONS HEALTH & WELLNESS

*Lewis & Evans, LLC*  
6457 Reflections Dr., Suite 120  
Dublin, Ohio 43017  
614-792-1108

### Referral for Psychological Services

Please fax the following to **614-448-4330**

- **Resident Face Sheet**, including insurance information.
- **Reason for Referral Form**
- **Consent for Billing & Evaluation** signed by the resident or resident representative
- **Client Insurance Cards** (if available)
- **Any additional information the provider may need to provide services** (e.g., Part A/Skilled stay, Hospice).

Please use a cover sheet and indicate the referral is for Lewis and Evans, LLC. It is helpful to specify your provider's name on the cover sheet. This starts the insurance verification process.

Ensure that these items are filed in the client chart prior to services:

- Signed physician's order for psychological or mental health services (for nursing home services)
- Original Consent for billing and evaluation, signed by the client or client representative
- Original Reason for Referral form

Please touch base with your clinician when they are in the facility. As a reminder, the clinician needs full access to the medical record to properly assess patients and maintain ethical and appropriate treatment. Contact Reflections Health and Wellness at 614-792-1108 if you have questions or additional information.

### In Case of Emergencies

During Regular Business Hours: Please contact the office at 614-792-1108 or contact your provider directly.

After Hours: If a patient is having a mental health crisis, please call 911 or send them to the nearest emergency room.