



SOUTHERN ARIZONA  
**Neuropsychology**  
ASSOCIATES, LLC

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**REFERRAL FORM**

○ **Adult Neuropsychology**

\*\*For prior authorization use codes:

96116 x 1	96136 x 1
96121 x 1	96137 x 13
96132 x 1	96138 x 1
96133 x 7	96139 x 13
96146 x 1	

\*\*\*Please use a medical diagnosis.

○ **Pediatric Neuropsychology**

\*\*For prior authorization use codes:

96116 x 1	96146 x 1
96121 x 1	96136 x 1
96132 x 1	96137 x 13
96133 x 7	

\*\*\*Please use medical diagnosis

**Patient Name:** \_\_\_\_\_

**Patient Phone:** \_\_\_\_\_

**Patient Insurance:** \_\_\_\_\_

**Referring Provider:** \_\_\_\_\_

**Reason For Referral:** \_\_\_\_\_

**Referring provider:** \_\_\_\_\_

**Phone / FAX:** \_\_\_\_\_

**Please fax to (520) 329-8311. Thank you for your referral**