

REFERRAL PROCESS FOR MENTAL AND BEHAVIORAL HEALTH SERVICES

ALL **CITRUS VALLEY PHYSICIANS GROUP, SENIORS** Referral requests for Mental and Behavioral Health Services **MUST** be faxed to **Cornerstone Behavioral Health, Inc @ (714) 282-8016.**

Please use the standard Citrus Valley Physicians Group Referral Request Form for mental and behavioral services PRIOR to sending patients to the specialist, and indicate on the form the specific services requested (i.e. Psychology or Psychiatry). Cornerstone Behavioral Health, Inc. will directly check patient's eligibility, verify benefits, and authorize services.

All inpatient mental and behavioral health admissions will be handled by the physicians of Cornerstone Behavioral Health, Inc. **DO NOT** request admission to out-of-network hospitals.

CORNERSTONE BEHAVIORAL HEALTH, INC.
550 Calle De Casas
Anaheim Hills, CA 928074704
Phone (714) 282-9713
Fax (714) 282-8016

Should you have any questions, please contact Cornerstone Behavioral Health Inc. at the above number.