



Initial Request for service and required documentation

Name of child:	Address:
Date of Birth:	Diagnosis:
Parent Name:	Insurance Carrier:

Reason for seeking services:

Cornerstone Behavioral Services is not a diagnostic facility. The below documents are required to initiate an initial assessment request for authorization.

Please upload a copy(s) of your child’s reports to your unique BIPTrack log in. All information will be stored in your child’s secure portal. All documents in bold font are **REQUIRED** and must be uploaded to the portal prior to requesting initial authorization for assessment.

- **Diagnosis Evaluation Report- This report must be completed by a PhD or MD (Psychological Evaluation, Psychiatric Evaluation, Neurological Reports, etc.)**
- **Copy of insurance card** (front and back)
- FBA
- BIP
- IEP/504 Plan
- Mental health directives
- Medical advanced directives
- Powers of attorney
- Discharge summaries from any and all inpatient/outpatient evaluations
- Least restrictive alternative orders
- Other: _____