



# The Counseling Center

Counseling & Psychological Services

A Department of Student Affairs

CAPS Telephone: 310/825-0768 FAX: 310/206-7365 Website: [www.counseling.ucla.edu](http://www.counseling.ucla.edu)

## RETROACTIVE REFERRAL REQUEST FOR MENTAL HEALTH SERVICES OUTPATIENT SHIP-ANTHEM CLAIMS ONLY

*For retroactive referral consideration, you must submit your request within 180 calendar days from the date of service. Retroactive Referrals can be utilized for reimbursement up to 365 days from the initial date of service.*

*Requests must be made by the insured only.*

➤ My previous CAPS referral has expired:  Yes  No  I have not received a CAPS referral previously

### Student Information

UCLA Bruin ID #: \_\_\_\_\_ Anthem Blue Cross Policy ID#: XDP \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

### Outside Provider Information

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Provider Telephone #: \_\_\_\_\_ Provider Fax # (Optional): \_\_\_\_\_

Diagnosis Code (Optional): \_\_\_\_\_ Services requested to be covered from: \_\_\_\_\_ to: \_\_\_\_\_

### Indicate the type of service received:

- |   |   |
|---|---|
| <input type="checkbox"/> Outpatient therapy office visits   | <input type="checkbox"/> Partial Hospitalization (PHP)      |
| <input type="checkbox"/> Outpatient psychiatry office visit | <input type="checkbox"/> Intensive Outpatient Program (IOP) |
| <input type="checkbox"/> Residential Treatment (RTC)        | <input type="checkbox"/> Other _____                        |

### Additional Information:

- Students with UCSHIP insurance require a referral from CAPS for all off-campus mental health services.  
*Note: You must have been eligible for UCSHIP insurance benefits at the time services were rendered.*
- You may return your completed form by bringing it to CAPS in person; mailing it in to: UCLA CAPS, John Wooden Center West, Box 951556, Los Angeles, CA 90035; or faxing it to: 310-206-7365, Attention: Retroactive Referral Committee.
- The Retroactive Referral form review process can take anywhere from 14 to 30 business days after completed form has been submitted to the Retroactive Referral Committee.
- You will be notified via secure message if your request has been approved or denied.
- If you receive an approval, you can submit a claim to UCSHIP-Anthem for mental health services received within the dates you requested on this form. You can find the Anthem Member Claim form at: [https://www.anthem.com/ca/health-insurance/nsecurepdf/English\\_CA\\_member\\_claim\\_form.PDF](https://www.anthem.com/ca/health-insurance/nsecurepdf/English_CA_member_claim_form.PDF).
- If your request is approved, it is sent to Anthem for processing; additional time for Anthem processing will be required. Please note that receipt of a referral from CAPS does not guarantee payment from UCSHIP-Anthem insurance.

Student Signature (Parent or Guardian if student is a minor): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE:** Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

(Last Revised: 01/26/2018)