



Maine Behavioral Healthcare

MaineHealth

Provider Referral to Maine Behavioral Healthcare

Accessible, responsive, comprehensive, integrated community mental health and substance abuse treatment and support services for Maine residents of all ages. *MBH is here to help* with a continuum of high-quality care.

Date Referral Sent to MBH: _____

Preferred MBH Location: _____

Referring Primary Care Physician/Provider/Practice Name(s): _____

Referring Provider/Practice Contact Information: Phone: _____ Fax: _____

Service(s) being requested: _____

Reason for referral or care coordination: _____

Referral Information:

Client/Patient Name: _____ DOB: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Parent/Guardian Name (if applicable): _____

Name of Insurance: _____ Insurance Telephone #: _____

ID/Policy #: _____

Subscriber Name: _____ Subscriber DOB: _____

Diagnoses: _____

Please fax this completed form along with other appropriate records to the MBH Access Center at (207) 661-6370. Once the request is processed, the Access Center will notify you of the status.