



Psychiatric
Professionals
of GEORGIA

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Your Journey to Wellness

Provider Referral Form

You may fax to 678-496-9863 or email to referrals@psychiatricprofessionals.com.

Patient Demographics:

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Mobile Phone (Main): _____ Alt Phone: _____

Insurance (Primary):

Company Name: _____ Phone: _____

Subscriber/ID Number: _____ Group#: _____

Referring Provider:

Name of Provider: _____ Phone: _____

Name of Organization: _____ Fax: _____

Reason for referral (Diagnosis, Current Medications, other relevant information)

Diagnosis: _____

Verbal: Yes No

Requires supervision or Aide to attend visit: Yes No

Risk taking or dangerous behavioral: _____

Medications: _____

- Please attach any relevant notes, labs, testing or records.
- Please advise that patient will be charged \$100 appointment hold fee that goes toward the copay/deductible for the 1st and 2nd visits. It is refundable to the patient at the 3rd visit after insurance is billed and copays/deductibles are satisfied.
- Per our office policy we charge a \$50 no show/late cancellation fee (defined as appointment not cancelled prior to 48 hours) for existing patients and \$100 no show/late cancellation fee for new patients.