Logo, company name

Description automatically generated

This form is intended for professionals referring a patient, client or student to Sole 2 Soul. If you are the potential client, please feel free to contact us directly.

Date:      

Referred from:

Referred to (if for specific therapist):

Name of individual you are referring:

If a minor, name of parent to contact:

Insurance of individual:

Individual’s phone number:

Helpful information to know prior to Sole 2 Soul contacting individual being referred:

**\***Please note the insurances accepted by Sole 2 Soul therapists:

Anthem Blue Cross Blue Shield (commercial and Medicaid HMO), Health Partners-Robin, Health Payment Systems network (HPS), Network Health Plan, Medicaid (T19), United Healthcare (commercial and Medicaid HMO), UMR. We also offer a self-pay rate to those who do not plan on using insurance.

ONLY JONATHAN ELMER AND KIM LEWIS ARE IN-NETWORK WITH UHC MEDICAID.

**Please either fax this form to (920) 239-6003 or email it to** [**sole2souladmin@protonmail.com**](mailto:sole2souladmin@protonmail.com)

Thank you for the referral!

*~The Sole 2 Soul team*