

On the third page, we have attached an example of what a referral letter to Learning Solutions could look like. On the second page is a template that can be followed as you write your own referral letter for a client.

Only clients who have MassHealth/MBHP, or a connector care plan (like Tufts public, Boston Medical Center, MassGeneral Brigham, HNE BeHealthy, etc.) require a **written referral letter** for services at Learning Solutions. However, notes about any client are always helpful, in establishing context for the provider who will conduct the intake.

Please be aware that education-related and learning problems are not considered a reimbursable service by insurance companies. An appropriate referral for an evaluation typically involves a need for diagnostic clarification between cognitive problems, e.g., Autism, ADHD, memory difficulties, etc. - and a mental health problem such as anxiety, depression, behavior problems, post-traumatic stress symptoms.

The most important things to include on a referral are: the reason why you are referring the client (diagnostic clarity/what concerns you may have) and the patient's contact information, so I can reach out to them once the referral is received.

You can fax referrals to Attn: Leslie at (413) 584-2031, or send them to Leslie's email address (which is HIPAA protected): learningsolutions@learningsolutionsls.com. You can also mail any referrals to 90 Conz Street, Suite 101, Northampton MA 01060. If you have any questions, don't hesitate to call at (413) 584-0265.

Below is a template, which can be used for any client you are referring to Learning Solutions.

Every client is different, and the referral letter should be unique to them. (Insurance companies can sometimes discriminate against clients who have referrals that do not appear to be legitimate or unique.)

Please craft your own, unique referral letter for the client you want to refer. It does not have to be complicated.

(your office's letterhead)

Patient Name:

Date of Birth:

Patient Insurance Type and Number:

Patient Phone:

To whom it may concern at Learning Solutions:

(Write a sentence, or a few, about the reason you are referring the client. What are your concerns? What are the diagnoses you are hoping that we can evaluate them for? How/why would this evaluation benefit them?).

Please do not hesitate to contact me if you have questions or need additional information.

Sincerely,

Your name, physical address, phone number, and email

On this second page is an *example* of what a referral letter from an office could look like.

It is NOT to be used as a template. Please do NOT copy and paste your client's information into this example referral letter.



Patient Name: Kevin Jones

Date of Birth: 01/01/1990

Patient Insurance Type and Number: MBHP, 100012312345

Patient Phone: (802) 777-9900

To whom it may concern at Learning Solutions:

I would like to submit a referral for the above client, for an evaluation for attention deficit disorder. I have worked with Kevin since January of 2014. He has been struggling with severe distraction from his goals, and task completion. An initial evaluation could be helpful to provide clarity for him and help him achieve his goals.

Please do not hesitate to contact me if you have questions or need additional information.

Sincerely,

Wendy Johnson, LICSW

1 Rainbow St

Northampton, MA 01062

413-555-1111

wendy@rainbowcounseling.org