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[INSTRUCTIONS FOR PATIENT] To obtain authorization for care, contact your PCM to make a request and provide them with the information below. If you have questions, contact us at 760.650.2290.

DATE:

PATIENT NAME:

PATIENT DATE OF BIRTH:

PATIENT PHONE NUMBER:

DIAGNOSIS (ICD10): G47.00 Insomnia

REASON FOR REFERRAL: Cognitive Behavioral Therapy for Insomnia

PROVIDER: Kristen LaMarca, PhD
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Vista, CA. 92081-6652

PROVIDER SPECIALTY: Psychologist
GROUP NPI#: 1144734906

SERVICE TYPE	SERVICE CODES	VISITS
BH - INITIAL PSYCHIATRIC REFERRAL	90791-90792	1
BH - PSYCHOTHERAPY	90832-90853	12
BH - INTERACTIVE COMPLEXITY	90785	12