Request for Psychiatric Evaluation

**Memorandum**

TO: Optum Maryland  
Maryland BHA Claims  
Attention: Emergency Petitions  
P.O. Box 30531  
Salt Lake City, UT 84130

FROM: Physician or Firm  
Address

This is a request for reimbursement for the emergency psychiatric evaluation of: (Patient’s Name) on (Date of Service) by (Examining Physician) at (Facility). I certify that the psychiatric evaluation referenced above was made by a consultant physician who is not a salaried staff member of the hospital. I further certify that every effort has been made to collect the fee from the patient, responsible persons, private insurers, and Medicare and Medicaid, and the physician has not been paid for this service.

The examination performed complies with COMAR 10.21.15.02 (7) which entails a face-to-face diagnostic interview and examination by a consultant physician that includes a medical history, an assessment of mental status, a neurological examination, an assessment of dangerousness, and a written report outlining the consultant physician’s findings and conclusions.

Authorized Signature:

Title:

Date:

Attachments:

* Petition for Emergency Psychiatric Evaluation
* Psychiatric Evaluation
* Invoice
* Other