



Associates in Neuropsychology and Behavioral Health, P.A.

www.AssociatesNBH.com

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Newark, De 19713

Appointments: 610-566-0501

Fax this form: 610-566-0502

Patient: _____ Date: _____

Diagnosis (w/code): _____ Age: _____ Gender: M F

Assess Treat Insurance(s): _____

Neuropsychological
Evaluation

- Brain Injury / Concussion
 Dementia
 Neurologic Disease
 Assist in differential diagnosis of:
 Other:

Psychological
Evaluation

- Pre-surgical psychological evaluation for SCS trial
 Pre-surgical psychological evaluation for epilepsy
 Other:

Psychotherapy

- Depression
 Anxiety
 Other:

These services are medically necessary for the patient's plan of care.

Physician Name _____ NPI _____
Print

Signature _____ Phone _____