

Independent Psychologist Network (IPN) Response Form

(Your application is not considered complete until Acentra Health receives this form)

Applicant Information			
First Name, MI, Last Name		Date of Birth	
Mailing Address			
Phone Number		Social Security Number	
Medicaid Number (if applicable)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address (if applicable)		County of Residence	
Legal Representative Information			
<input type="checkbox"/> N/A if member is own representative	<input type="checkbox"/> Parent/relative	<input type="checkbox"/> Non-relative	<input type="checkbox"/> State/County
First Name, MI, Last Name		Phone Number	
Mailing Address			
Email Address (if applicable)			
Independent Psychologist Selected			
<ul style="list-style-type: none"> I choose _____ to complete my Independent Psychological Evaluation (IPE) so that medical eligibility can be determined for the WV I/DD Waiver Program. I consent for the release of all medical records, psychiatric records, substance abuse records, previous evaluations, academic records, social and developmental history for the purpose of an Independent Psychological Evaluation for I/DD Waiver Services to the above-named psychologist, BMS and all its contracted agents. 			
Signature _____		Date _____	
Please mail, fax, or email this completed and signed form <u>within 14 calendar days</u> to Acentra Health			
Mail	Acentra Health Attn: I/DD Waiver - IPN Response Form 1007 Bullitt Street, Suite 200 Charleston, WV 25301		
Fax	866-521-6882 Attn: I/DD Waiver – IPN Response Form		
E-mail	widdwaiver@acentra.com		
UMC Use Only	Completed Application Date:		

If you have any questions, please contact Acentra at Phone Number 866-385-8920