

Expedited Referral Information Guide

Four Winds Hospital provides a broad range of inpatient and outpatient mental health treatment services for children, adolescents, and adults.

When calling to make a referral, providing the following information will help to expedite the admission process:

- Patient Identification and Source of Referral
- Chief Complaint
- History of Present Illness
- Management Concerns
- Past Psychiatric History: Outpatient Treatment, Hospitalizations, Medication Trials
- Admission Status: Voluntary, Minor Voluntary, 2PC, 1PC, Informal

Four Winds also accepts 2PC patients from *outside of New York State* with *completion of a Certificate of Examining Physician* application from *two physicians* who are *licensed* in New York State.

- Mental Status.
- Management Concerns: History of Aggression, Suicidality, Homicidality
- Current Medications
- Alcohol/Chemical Dependency History
- Current Health Problems/Medications
- Past Significant Medical Illness
- Current Living Situation
- Name, address, phone number of outpatient treatment/care providers
- Patient Immunization Records (upon admission)

INSURANCE

Four Winds is a provider member of most major managed care networks, New York State Medicaid and Medicare. Please provide:

- Who is the insured person
- His/Her social security number and date of birth
- Name of employer
- Name of insurance carrier
- Identification number on insurance card
- Number to call to verify benefits (on card)
- Copy of insurance card, both sides

MEDICAID

Four Winds accepts NYS Medicaid (under 22 and over 65). NYS Managed Medicaid, both in and outside of New York State, is accepted for all ages.

Please provide:

- CON signed by MD and other credentialed provider; i.e. social worker, nurse
- Medicaid number, access number, sequence number

MEDICARE

Four Winds accepts Medicare

CUSTODY ISSUES

- Patients under 18 years of age must be signed into the hospital by a parent or court designated legal guardian.
- Proof of custody/guardianship must be presented at the time of admission.
- Name and Phone Number of agency contact, and supervisor to call for medication consents, along with Department of Social Services or ACS contact and phone number.

To make a referral, please call 1-800-528-6624 or 914 763-8151