



The Counseling Center

Counseling & Psychological Services

A Department of Student Affairs

CAPS Telephone: 310/825-0768 FAX: 310/206-7365 Website: www.counseling.ucla.edu

RETROACTIVE REFERRAL REQUEST FOR MENTAL HEALTH SERVICES OUTPATIENT SHIP-ANTHEM CLAIMS ONLY

For retroactive referral consideration, you must submit your request within 180 calendar days from the date of service. Retroactive Referrals can be utilized for reimbursement up to 365 days from the initial date of service.

Requests must be made by the insured only.

Student Information

UCLA Bruin ID #: _____ Anthem Blue Cross Policy ID#: XDP _____

Student Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____ / ____ / ____ Email Address: _____

Permanent Address: _____ City: _____ State: _____ Zip Code: _____

Telephone number: _____

Outside Provider Information

Provider Name: _____

Provider Address: _____ City: _____ State: _____ Zip Code: _____

Provider Telephone #: _____ Service dates requested: _____ to: _____
(MM/DD/YY) (MM/DD/YY)

Type of service received:

- Outpatient therapy office visits
- Outpatient psychiatry office visit
- Residential Treatment (RTC)
- Partial Hospitalization (PHP)
- Intensive Outpatient Program (IOP)
- Other _____

FOR OFFICE USE ONLY:

Additional Information:

- Students with UCSHIP insurance require a referral from CAPS for all off-campus mental health services.
Note: You must have been eligible for UCSHIP insurance benefits at the time services were rendered.
- You may return your completed form by bringing it to CAPS in person; mailing it in to: UCLA CAPS, John Wooden Center West, Box 951556, Los Angeles, CA 90035; or faxing it to: 310-206-7365, Attention: Retroactive Referral Committee.
- The Retroactive Referral form review process can take anywhere from 14 to 30 business days after completed form has been submitted to the Retroactive Referral Committee.
- You will be notified via secure message if your request has been approved or denied.
- If you receive an approval, you can submit a claim to UCSHIP-Anthem for mental health services received within the dates you requested on this form. You can find the Anthem Member Claim form at: https://www.anthem.com/ca/health-insurance/nsecurepdf/English_CA_member_claim_form.PDF.
- If your request is approved, it is sent to Anthem for processing; additional time for Anthem processing will be required. Please note that receipt of a referral from CAPS does not guarantee payment from UCSHIP-Anthem insurance.

Student Signature (Parent or Guardian if student is a minor): _____ Date: _____

FOR OFFICE USE: Reviewed by: _____ Date: _____ Approved _____ Denied _____

(Last Revised: 04/05/2022)