UCLA Counseling & Psychological Services

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 #: _____

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

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

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

Dates of Service: _____

You may submit your completed form to CAPS:

- In person
- Email: referralsandinsurance@caps.ucla.edu
- Mail: UCLA CAPS, John Wooden Center West, Box 951556, Los Angeles, CA 90035
- Fax: 310-206-7365, Attention: Retroactive Referral Committee.

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.
- Types of Services: Outpatient therapy, outpatient psychiatry, Residential Treatment (RTC), Partial Hospitalization (PHP), Intensive outpatient program (IOP), or Other.
- 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 after it is reviewed.
- If you receive an approval, you can submit a claim to UCSHIP-Anthem for mental health services paid out of pocket within the dates you requested on this form. You can find the Anthem Member Claim form at: https://www.anthem.com/ca/forms/
- 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: 12/13/2023)