

Williamsville Psychiatry PLLC

5904 Sheridan Drive, Williamsville, NY 14221

Phone: 716-886-5493 | Fax: 716-886-5835 | Email: fhashim@willamsvillepsych.org

TMS Referral Form

Referral to: Williamsville Psychiatry PLLC TMS Consultation

We accept most insurances including:

Tricare,
Medicare,
Highmark,
Independent Health,
Univera,
Aetna,
Cigna,
Martins Point,
Amerigroup,
Fidelis,
United Healthcare,
out-of-network, and more!

To learn about how we can help a mutual patient, please call 716-886-5493 ext 316 or email fhashim@willamsvillepsych.org

Patient Name:

Date of Birth:

Referring Provider Name:

Practice Name & Address:

Diagnosis (check all that apply): ☐ MDD F32.2 ☐ MDD F33.2 ☐ OCD F42

Insurance Company (or face sheet)

Policy Number / Member ID:

Subscriber Name:

Current Psychiatric Medications:

Past Psychiatric Medications:

Best Contact Number for Patient:

Required Attachments (Please include with this form):

1. Initial Psychiatric Evaluation
2. Last 3 Psychiatric Progress Notes

Submission Instructions:

Fax this form and documentation to: 716-886-5835

Or email securely to: fhashim@willamsvillepsych.org