

Selected Parish: TERREBONNE

Service Area for Selected Parish: ASSUMPTION, LAFOURCHE, ST MARY, AND TERREBONNE PARISHES

MENTAL HEALTH REHABILITATION SERVICES PROVIDERS

(List Updated 09/09/10 11:16:03 PM)

CLIENT DATA	
Name:	
Address:	
Medicaid #:	Social Security #:
Phone #:	Age:
Responsible Party:	

I am requesting referral for Mental Health Rehabilitation Services. I understand that I am guaranteed the right of Freedom of Choice in regards to the agency which provides me/my child rehab services, and my signature indicates that I have selected referral to the agency checked below.

Client/Responsible Party Signature: _____ Date: _____

Choice	Name/Address/Phone/Fax	Contact Person	Psychiatric Director(s)	Provider Services
_____	BAYOU OAKS HEALTH SERVICES, LLC 206 EAST 3RD STREET THIBODAUX, LA 70301 PH. (985)446-4114 FAX (985)446-4112 SITE # 03147	BRYAN J BLANCHARD LPC	KHOA D. TRAN, MD	ADULTS AND CHILDREN
_____	MAGNOLIA FAMILY SERVICES, LLC 106 HICKORY STREET THIBODAUX, LA 70301 PH. (985)449-4055 FAX (985)449-4178 SITE # 17662	LESTER OLINDE	STEPHEN R. COCHRAN, MD BARBARA L. HAMM, MD DONALD A. SCHEXNAYDER,	ADULTS AND CHILDREN