

PEDIATRICIANS

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Managing Member

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Jennifer Neitzel, DO

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NURSE PRACTITIONERS

Kathy Mahoney, APRN, CPNP

Martha Richardson, APRN, CPNP

Grace Palen, APRN, CPNP

Donna McClanahan, APRN, CPNP

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MENTAL HEALTH

Regina Lopez, MD

J. Scott Brown, PhD

Sara Nelson-Johns, LCSW

Janelle Hilger, LCSW

Psychiatry Referral Process

Dr. Regina Lopez, child psychiatrist, sees patients from outside the medical practice if they meet the following eligibility criteria:

- Referral form (next page) must be completed by pediatrician, doctor or therapist.
- Immunizations must be up to date, and records are required.
- Patients must be between ages 6-16, 16 through college (enrolled in high school or college), or be a post-partum woman (with an infant child).
- Insurance accepted: BCBS, Aetna, Cigna, Freedom Network. Self-pay is available.

Completed referrals can be dropped off at the office, scanned and emailed to psych@pcpeds.com or faxed to 816-412-2915. The mental health coordinator will call the parent/patient to complete an initial assessment, and if the patient is approved they will be scheduled for an appointment.

There are no emergency appointments available. Psychiatry is not available in the evening, after hours or weekends. Referrals do not guarantee psychiatry services or appointments from Priority Care Pediatrics. Psychiatry is only available at the N Oak location.

Medical records can be accessed by patient/parent via web portal so that they can share medical information with their primary providers or referring clinicians.

In good health,

Priority Care Pediatrics



PRIORITY CARE PEDIATRICS

Psychiatry Referral Form

To be completed by referring therapist/physician only

Patient's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Parent/Guardian's Name _____

Age (choose one)

Between 6-16 Over 16 yrs. old and/or attending college Postpartum Woman w/infant child

Immunizations

Current CDC schedule for age (**vaccines must be up to date; records are required**)

Referred Provider Name and number _____

Pediatrician Medical provider (family/general) Therapist OB-Gyn

Insurance Plans

BCBS Aetna Cigna Freedom Network Self-pay

Current/Past Psychiatrist Name & Number _____

Current/Past Therapist Name & Number _____

Medical Diagnosis _____

History of Psychiatry Hospitalizations _____

Current Medications _____

Reason for Visit _____

Fax completed forms to 816-412-2915 or email scanned form to psych@pcpeds.com.

Office Use Only

Date Received/completed _____

Approval Signature and Date _____ Not Approved _____

First Scheduled Appt. _____

