

Selected Parish: ASSUMPTION

**Service Area for Selected Parish: ASCENSION, ASSUMPTION, IBERIA, IBERVILLE, LAFOURCHE, ST JAMES,
ST MARTIN, ST MARY, AND TERREBONNE PARISHES**

MENTAL HEALTH REHABILITATION SERVICES PROVIDERS

(List Updated 02/03/12 02:30:04 AM)

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

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
_____	A TURNING POINT FAMILY & COMMUNITY SERVICES, 715 NORTH LEWIS STREET NEW IBERIA, LA 70563 PH. (337)364-6349 FAX (337)369-9451 SITE # 14939	LEROY SCOTT	THOMAS LATOUR, MD	ADULTS AND CHILDREN
_____	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	TERRY J. LAIN, MD KAROLINA J. LEONIK, MD KHOA D. TRAN, MD	ADULTS AND CHILDREN

Choice	Name/Address/Phone/Fax	Contact Person	Psychiatric Director(s)	Provider Services
_____	IBERVILLE REHABILITATION SERVICES, INC. 33570 BOWIE ST. WHITE CASTLE, LA 70788 PH. (225)545-0130 FAX (225)545-0131 SITE # 15610	JOHN BOWMAN	GOPINATH KONGARA, PROF ANJANI D. NARRA	ADULTS AND CHILDREN PSYCHOSOCIAL SKILLS TRAINING-ADULT
_____	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 PADMINI NAGARAJ, MD JOSE M. RODRIGUEZ, MD	ADULTS AND CHILDREN
_____	WRAP AROUND SERVICES OF RACELAND 4079 HIGHWAY 1 RACELAND, LA 70394-3002 PH. (985)537-6776 FAX (985)537-6779 SITE # 16037	EARNEST AIRHIA	KAROLINA M. LEONIK, MD JOSE M. RODRIQUEZ, MD	ADULTS AND CHILDREN