

Referral Quick Start Guide

Whether you are working inside a health care center or out in the field, we make it easy for you to connect individuals to high-quality mental health services they can access from their fingertips.

Admissions Criteria

We specialize in supporting patients with **complex mental health needs**, including **individuals recently hospitalized** for a mental health concern, patients who are **pregnant/postpartum**, and **adolescents aged 13+**.

Mental Health Services



Comprehensive 7-day Follow-up Management (FUH/FUM)



Individual Therapy



Psychiatric Medication Management

Please note that we do not offer detox services or prescribe controlled substances.

Patients must be able to provide informed consent to their own treatment.

Make a Referral

Online:

www.bebavehealth.com/referral

Secure email:

referral@bebravehealth.com

Fax: 727-306-8033



Referral Checklist

- Patient's first and last name
- Birthdate
- State of residence
- Mobile number
- Insurance carrier and member ID
- Insurance policy holder's name
- Recent hospitalization/discharge date (if applicable)