



**MASONIC**  
CHILDREN &  
FAMILY SERVICES  
— OF TEXAS —

1240 Keller Parkway, Suite #200, Keller, Texas 76248  
phone: 817.503.1500 // toll-free: 877.203.9111  
fax: 817.503.1551  
www.mcfstx.org

## Provider Referral Form

**ABOUT US:** Masonic Children & Family Services is a non-profit children's charity that has been helping to meet the needs of underserved children in the state of Texas for more than a century. **With that in mind**, we appreciate your consideration in providing discounted pricing for services. MCFS pays providers directly upon invoicing for services rendered. Should you have additional questions, please contact our office at 817.503.1500.

Date: \_\_\_\_\_

To be completed by provider (please print)			
Child's Last Name	First Name	Middle	Suffix ( <i>Jr. Sr. Etc.</i> )
Date of Birth ( <i>Mo/Day/Yr</i> )	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	

PROVIDER'S REFERRAL FOR SERVICES		
<i>Treatment plan REQUIRED with each referral * If medically-related, attach official diagnosis letter from physician</i>		
Purpose of Referral:		
Describe Problem or need:		
<b>ESTIMATED COST OF SERVICES</b>	<b>Regular Rate:</b>	<b>Discounted Rate:</b>
How much of the above cost are you requesting from MCFS:		
Pertinent exam findings and history, if applicable. <b>ATTACH TREATMENT PLAN.</b>		

PROVIDER'S INFORMATION			
Provider's Company Name: _____			
Signature of Provider's Representative: _____			
Provider's Address: _____			
			<i>Suite #</i>
<i>City</i>	<i>State</i>	<i>County</i>	<i>ZIP</i>
Phone	Fax	Email	

THIRD PARTY INFORMATION	
<i>Please attach contact information if a third party will be supplying/performing the need/service.</i>	
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Contact Information Follows