REQUEST FOR INITIAL AUTHORIZATION FORM INSTRUCTIONS

Reminder: Please write legibly and complete each item. You may type into the document, print, and fax the form.

Steps to Completing the Form:

1.	**Current date and time:**	Enter the current date and time of completing this Request for Referral Authorization form
2.	**Name of Requestor:**	Fill in the name of the person completing the Request for Referral Authorization form
3.	**Phone:**	Fill in the area code and phone number of the person completing the form.
4.	**E-mail:**	Fill in the e-mail address of the person completing the request form - ***Authorization will be sent via e-mail***.
5.	**Admitting Facility:**	Fill in the name of the facility.
6.	**First and last name of patient:**	Fill in the patient's last name, first name, and middle initial.
7.	**Date of Birth:**	Fill in the patient's month, date, year of birth – numerical
8.	**Health Plan:**	Indicate the Health Plan listed on the patient's insurance card.
9.	**Health Plan ID #:**	Fill in the alpha/numeric ID number which is located on the patient's insurance card.
10.	**Date and time of admission:**	Fill in the date and time of the intake assessment.
11.	**Attending MD:**	Fill in the first and last name of the patient's assigned MD while in your facility.
12.	**Treatment Type Requested:**	Indicate if treatment is for Mental Health or Chemical Dependency
13.	**Level of care requested:**	Indicate if this request if for Inpatient, Residential, PHP or IOP
14.	**Admitted through ER:**	Indicate if patient was admitted through ER and if so include the name of the hospital.
15.	**Prior Hospital Admissions:**	Include any prior hospital admission data. If this is the first admission include this information.
16.	**Prior Outpt Treatment:**	Include any prior outpatient admission data. This includes PHP and IOP programs. List patient's current therapist and psychiatrist names.

17.	**Compliant with Treatment:**	Indicate if patient is compliant with treatment.
18.	**Current Risk of SI/HI:**	Indicate if patient is at current risk for SI or HI.
19.	**History of SI/HI:**	Include history of SI or HI.
20.	**Diagnoses:**	Include all patient diagnosis.
21.	**Medications:**	List current medications. Include if patient has stopped taking any medications.
22.	**Reason for Admission:**	Include reason for admission. You can type in the Word document and print this form to fax. If utilizing Cerner you can copy and paste data into the form. You can also fax any other clinical notes you feel is pertinent to meet medical necessity criteria with the authorization request form.