Dean Health Plan
Administrative Services
A member of SSM Health

Behavioral Health Authorization Form
ASO Plans Only
Fax completed form to: 608-252-0830

Choose One	☐ **Mental Health**	☐ **AODA (Substance)**

Choose One:	**Detox**	**IP**	**Residential**	**PHP**	**Day TX**	**IOP**	**OP Out of Network**	**In-Home**

☐ **Pre-Service Non-Urgent/Standard (Physician Signature NOT Required)**

☐ **Pre-Service Administratively Urgent (Physician Signature NOT Required)**
(Services which do not meet the definition of Medically Urgent, however, are deemed to be time sensitive by one or more of the affected parties.)

☐ **Pre-Service Medically Urgent/Expedited (Attending Physician Signature REQUIRED)**
(Medically Urgent—In the opinion of the attending physician, there is a risk to the member's life, serious bodily injury or pain that cannot otherwise be managed.)

Attending Physician Signature:____Date:______________

☐ **Check if you are requesting services at another Tier for a ASO PPO Member**

PATIENT DEMOGRAPHICS		
Patient Name:		Date of Birth:
Member ID:		Phone Number:
Street Address:		
City:	State:	Zip Code:

REFERRING PROVIDER INFORMATION		
Provider Name:		Phone #:
Street Address:		Fax #:
City:	State:	Zip Code:
Provider #:	Specialty:	

REFERRED TO PHYSICIAN/FACILITY/PROVIDER INFORMATION		
Referred To:		Phone #
Street Address:		Fax #
City:	State:	Zip Code:
Specialty:		

REQUEST INFORMATION	*****PLEASE INCLUDE <u>H&P</u> WITH ALL AVAILABLE DOCUMENTATION*****
Date(s) of Service:	# of Visits:
CPT Code(s) and Description:	
ICD 10 Diagnosis Code(s) and Description:	

Additional Information:

Form Submitted By:		
Name:	Phone:	Fax:

The completed form can be faxed to: 608-252-0830.
If you have any questions regarding the services or form, please contact our Customer Care Center at 877-234-4516 or review Dean Health Plan's ASO Medical Management site. Requests to non-plan providers must be approved prior to obtaining services.