

Choose One	<input type="checkbox"/> Mental Health	<input type="checkbox"/> AODA (Substance)
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Choose One:	Detox	IP	Residential	PHP	Day TX	IOP	OP Out of Network	In-Home
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- 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 Below unless a DeanCare Gold member)**
 (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. Physician signature NOT required for DeanCare Gold requests.)
- Attending Physician Signature:** _____ **Date:** _____

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: