PREVEA360 health plan℠

Behavioral Health Authorization Form
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 Below unless a Medicare Advantage Part D 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 Medicare Advantage Part D 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 H&P 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 877-230-7555 or review Prevea360 Health Plan's Medical Management Requests to non-plan providers must be approved prior to obtaining services.
Prevea360 Health Plan products are underwritten by Dean Health Plan.