

**Behavioral Health Treatment phone:** (888) 297-1325  
**Behavioral Health Treatment fax:** (844) 283-3298



# Service authorization request

URGENT                      ROUTINE                      RETROACTIVE

Patient Information					
Member Name		Primary Language Spoken			
Date of Birth		Require Interpreter	No	Yes	American Sign Language
Member Address		City		ZIP	
Phone		Gender	Male	Female	
Member ID		Medi-Cal		Cal MediConnect	
Refer To Information					
Date of Request		Provider Name		Specialty	
Provider Address			Phone		Fax
Facility Name			Phone		Fax
Service(s) Requested					
Initial Consult		Follow-up Visit(s)		Home Health	Social Services      DME
<b>Diagnostic Evaluation for Autism Spectrum Disorder</b>			<b>Psychological Assessment for:</b>		
<b>Applied Behavioral Analysis (If checked, please submit the ABA Referral Form to establish medical necessity)</b>					
Inpatient Admission		Outpatient Procedure		Other:	
Diagnosis			ICD 10 Code(s)		
Service(s)/Procedure(s)			CPT Code(s)		
Reason for Request					
Prior Treatment and Results					
Relevant Labs/X-rays, etc.					
Health Education (specify)					
Requesting Physician's Name (PLEASE PRINT)					
Physician's Signature			License Number		
Physician's Phone			Fax		
Accident	Yes	No	Where Occurred	Home	Work      Auto      Other:
To Be Completed by Blue Shield of California Promise Health Plan ONLY					
UM Decision Status		APPROVED	MODIFIED	DEFERRED	DENIED
AUTH#			Date approved		Expires on
COMMENTS					
Reviewer's Name			Signature		Date
Member Eligibility as of			PCP Provider ID		
IPA Responsibility		MBHO Responsibility		Date faxed to IPA/MBHO	

**This referral does not guarantee eligibility. Check eligibility prior to rendering service.**

Payment will NOT be made for unauthorized services. All lab and x-rays must be ordered/performed by contracting providers. (Contact Blue Shield Promise UM Department at above number if unsure.)  
Specialist reports must be sent to PCP promptly.