



**ADULT
RSUD AUTH REQUEST FAX COVER SHEET**

(To be faxed to 855-244-9359)

Please request/enroll client in SmartCare Client Programs prior to faxing any authorization

Date Faxed:	Program Name: requests.	Point of Contact:
Phone Number:	Fax Number:	# of Pages Included:

<p>All Requests:</p> <p>Requested Level of Care: 3.1 <input type="checkbox"/> 3.5 <input type="checkbox"/></p> <p>Requested Start Date:</p> <p>PO Referral for Assessment/Treatment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Court Order for Residential? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p><input type="checkbox"/> Other Health Coverage:</p> <p>If this is 1st request with client having other health coverage (OHC)/ private insurance, which of the following has been included?</p> <p><input type="checkbox"/> Evidence of Coverage or Letter of Non-Coverage</p> <p align="center">OR</p> <p><input type="checkbox"/> A signed AOB AND</p> <p><input type="checkbox"/> 42 CFR Part 2 compliant Release of Information (ROI) Form</p> <p align="center">OR</p> <p><input type="checkbox"/> Client refused to sign ROI to bill OHC</p>	
<p><input type="checkbox"/> Initial:</p> <p>Date & Time Request Called In:</p> <p><input type="checkbox"/> SUD Residential Authorization Request</p> <p><input type="checkbox"/> Proof of insurance or <input type="checkbox"/> no insurance</p> <p><input type="checkbox"/> Request/Enroll Client to SmartCare Client Programs</p>		<p><input type="checkbox"/> Continuing:</p> <p><input type="checkbox"/> Adult ASAM Criteria Assessment & Date of Birth:</p> <p align="center">OR</p> <p><input type="checkbox"/> SUD Residential Authorization Request</p> <p><input type="checkbox"/> If needed, request/enroll Client to SmartCare Client Programs</p>	
<p><input type="checkbox"/> Extension:</p> <p><input type="checkbox"/> SUD Residential Authorization Request</p> <p><input type="checkbox"/> If needed, request/enroll Client to SmartCare Client Programs</p>		<p><input type="checkbox"/> Level of Care Change:</p> <p><input type="checkbox"/> Adult ASAM Criteria Assessment & Date of Birth:</p> <p align="center">OR</p> <p><input type="checkbox"/> SUD Residential Authorization Request</p> <p><input type="checkbox"/> Request/Enroll Client to new level of care in SmartCare Client Programs</p>	
<p align="center"><input type="checkbox"/> Discharge:</p> <p align="center"><input type="checkbox"/> Discharge Plan/Summary</p> <p align="center">Discharge Date:</p>			

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