



# Request for Authorization of Additional Units for CFT Meeting

Fax form to Optum TERM at 877-624-8376

Initial authorization will include 12 pre-authorized units. If additional CFT meetings are necessary and all pre-authorized units have been exhausted, complete and submit the requested information for approval of additional units.

## Client Information

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Case #: \_\_\_\_\_

PSW Name: \_\_\_\_\_ PSS Name: \_\_\_\_\_

Date of CFT Meeting: \_\_\_\_\_ Duration of Meeting: \_\_\_\_\_  
(1 unit = 30 min)

## Provider Information

Treating TERM Provider: \_\_\_\_\_  
(please print & include licensure)

\_\_\_\_\_  
(sign)

Supervisor Name: \_\_\_\_\_  
(if treating TERM provider is an intern)

### TO BE COMPLETED BY TERM ONLY

Date received by TERM: \_\_\_\_\_ Complete  Incomplete   
Date revised form requested: \_\_\_\_\_

Date processed: \_\_\_\_\_ Date authorization letter mailed to provider: \_\_\_\_\_

PSW notified by e-mail  Date PSW notified: \_\_\_\_\_