



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: _____