



**ADOLESCENT
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 requests.

Date Faxed:	Program Name:	Point of Contact:
Phone Number:	Fax Number:	# of Pages Included:
<p><u>All Requests:</u></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"/> <u>Other Health Coverage:</u></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 <u>AND</u></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"/> <u>Initial:</u></p> <p>Date & Time Request Called In:</p> <p><input type="checkbox"/> RSUD Residential Authorization Request or Initial Level of Care Assessment</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"/> <u>Continuing:</u></p> <p><input type="checkbox"/> RSUD Residential Authorization Request or Initial Level of Care Assessment</p> <p><input type="checkbox"/> If needed, request/enroll Client to SmartCare Client Programs</p>
<p><input type="checkbox"/> <u>Extension:</u></p> <p><input type="checkbox"/> RSUD Residential Authorization Request or Initial Level of Care Assessment</p> <p><input type="checkbox"/> If needed, request/enroll Client to SmartCare Client Programs</p>		<p><input type="checkbox"/> <u>Level of Care Change:</u></p> <p><input type="checkbox"/> RSUD Residential Authorization Request or Initial Level of Care Assessment</p> <p><input type="checkbox"/> Request/Enroll Client to new level of care in SmartCare Client Programs</p>
<p align="center"><input type="checkbox"/> <u>Discharge:</u></p> <p align="center"><input type="checkbox"/> Discharge Plan/Summary</p> <p align="center"><input type="checkbox"/> Discharge Date:</p>		

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