**ADOLESCENT**

**RSUD AUTH REQUEST FAX COVERSHEET**

(To be faxed to 855-244-9359)

**Please enroll client in SmartCare Client Programs prior to faxing any authorization requests.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Faxed: Enter text here | Program Name: Enter text here | | Point of Contact: Enter text here |
| Phone Number: Enter text here | Fax Number: Enter text here | | # of Pages Included: Enter text here |
| **All Requests:**  Requested Level of Care: 3.1  3.5  Requested Start Date: Enter text here  PO Referral for Assessment/Treatment? Yes  No  Court Order for Residential? Yes  No | | **Other Health Coverage:**  If this is 1st request with client having other health coverage (OHC)/ private insurance, which of the following has been included?  Evidence of Coverage or Letter of Non-Coverage  **OR**  A signed AOB **AND**  42 CFR Part 2 compliant Release of Information (ROI)  Form  **OR**  Client refused to sign ROI to bill OHC | |
| **Initial:**  Date & Time Request Called In: Enter text here  SUD Residential Authorization Request or Initial  Level of Care Assessment  **Proof of insurance or no insurance**  **Enroll Client to SmartCare Client Programs** | | **Continuing:**  SUD Residential Authorization Request or Initial  Level of Care Assessment  **If needed, enroll Client to SmartCare Client Programs** | |
| **Extension:**  SUD Residential Authorization Request or Initial  Level of Care Assessment  **If needed, enroll Client to SmartCare Client**  **Programs** | | **Level of Care Change:**  SUD Residential Authorization Request or Initial  Level of Care Assessment  **Enroll Client to new level of care in SmartCare Client**  **Programs** | |
| **Discharge:**  Discharge Plan/Summary  Discharge Date: Enter text here | | | |

**Notice of Disclosure and Confidentiality**

This information has been disclosed to you from records whose confidentiality is protected by Federal and State laws and regulations. You may be prohibited from further disclosing this information without the specific written authorization from the person to whom such information pertains, or as otherwise permitted by State/Federal law. THE INFORMATION CONTAINED IN THIS FACSIMILE IS CONFIDENTIAL AND/OR PRIVILEGED AND IS INTENDED ONLY FOR THE USE OF THE DESIGNATED RECIPIENT NAMED ABOVE. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, disclosure, dissemination, distribution or copying of this message, or the taking of any action in reliance on its contents, is strictly prohibited. If you have received this communication in error, you must notify us immediately and inform us of the return or destruction of the documents.