



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

**Notice of Disclosure and Confidentiality**

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