



**ADULT  
RSUD AUTH REQUEST FAX COVER SHEET**

(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:

<p><b>All Requests:</b></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"/> <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?</p> <p><input type="checkbox"/> Evidence of Coverage or Letter of Non-Coverage</p> <p align="center"><b>OR</b></p> <p><input type="checkbox"/> A signed AOB <b>AND</b></p> <p><input type="checkbox"/> 42 CFR Part 2 compliant Release of Information (ROI) Form</p> <p align="center"><b>OR</b></p> <p><input type="checkbox"/> Client refused to sign ROI to bill OHC</p>
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<p><input type="checkbox"/> <b>Initial:</b> Date &amp; Time Request Called In:</p> <p><input type="checkbox"/> SUD Residential Authorization Request</p> <p><input type="checkbox"/> <b>Proof of insurance or no insurance</b></p> <p><input type="checkbox"/> <b>Enroll Client to SmartCare Client Programs</b></p>	<p><input type="checkbox"/> <b>Continuing:</b></p> <p><input type="checkbox"/> Adult ASAM Criteria Assessment &amp; Date of Birth:</p> <p align="center"><b>OR</b></p> <p><input type="checkbox"/> SUD Residential Authorization Request</p> <p><input type="checkbox"/> <b>If needed, enroll Client to SmartCare Client Programs</b></p>
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<p><input type="checkbox"/> <b>Extension:</b></p> <p><input type="checkbox"/> SUD Residential Authorization Request</p> <p><input type="checkbox"/> <b>If needed, enroll Client to SmartCare Client Programs</b></p>	<p><input type="checkbox"/> <b>Level of Care Change:</b></p> <p><input type="checkbox"/> Adult ASAM Criteria Assessment &amp; Date of Birth:</p> <p align="center"><b>OR</b></p> <p><input type="checkbox"/> SUD Residential Authorization Request</p> <p><input type="checkbox"/> <b>Enroll Client to new level of care in SmartCare Client Programs</b></p>
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<p><input type="checkbox"/> <b>Discharge:</b></p> <p><input type="checkbox"/> Discharge Plan/Summary</p> <p><input type="checkbox"/> Discharge Date:</p>	
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