



Mental Health Notice of Treatment Request

Fax to 503-416-3713 or 888-272-9315

All fields required as relevant. Incomplete requests may cause a delay in processing your request.

Member Name:	Member OHP ID #:	Member DOB:
Clinic Name, if relevant:	Provider Name:	Provider Contact Person Name:
Provider Contact Person Secure Email:		Provider Contact Person Phone:
Authorization Request Date:	Admit Date:	Primary DSM 5 Diagnosis & Severity:

<input type="checkbox"/> Initial Authorization Request OR <input type="checkbox"/> Continued Stay Authorization Request	
Authorization Type: Please Select one of the following	
<input type="checkbox"/> Subacute Care* (URGENT REQUEST)	<input type="checkbox"/> Psychological Testing* CPT Requested: <input type="checkbox"/> Neuropsychological Testing * CPT Requested:
<input type="checkbox"/> Children's Psychiatric Day Treatment Services (PDTS)* (URGENT REQUEST)	<input type="checkbox"/> Children's Psychiatric Residential Treatment Services (PRTS)* (URGENT REQUEST)
<input type="checkbox"/> Eating Disorder Treatment: <input type="checkbox"/> Residential* <input type="checkbox"/> Partial Hospitalization*	<input type="checkbox"/> Electroconvulsive Therapy (ECT)*
<input type="checkbox"/> Applied Behavioral Analysis (ABA) Assessment * (Please include documentation of the following): <input type="checkbox"/> DSM 5 diagnosis of Autism Spectrum Disorder or stereotype with self-abusive behavior due to neurological Dysfunction * <input type="checkbox"/> Diagnosis was made by a psychiatrist, psychologist or developmental pediatrician trained in the diagnosis and treatment of autism * <input type="checkbox"/> Recommendation for assessment *	
<i>If the request is for ongoing ABA treatment, please use the ABA Treatment Authorization Form.</i>	
For Continued Stay Requests: Original Authorization Number:	

Service types denoted with a "*" require submission of relevant clinical information such as a current and valid assessment and treatment plan. Authorization is dependent upon clinical review by JCC UM Team.

Please check CareOregon Connect Provider Portal for Authorization Request Determination.