

# Behavioral Health Authorization Form



**Send Authorization Requests via:** Fax: 541-296-1036 or SECURE Email: um@gobhi.org

If you have behavioral health authorization form questions, please call 1-541-298-2101.

**Documentation Required** Check to confirm that each of these required items is included in your request:

**Assessment**    
  **Service plan**    
  **Progress notes**    
  **MARs**    
  **Discharge summary**

Date of Request: \_\_\_\_\_

Member Name		Date of birth (mm/dd/yyyy)		OHP number	
Member Address					
Provider/Facility			Address		
Provider/Facility Billing NPI #					
Primary Contact		Phone		Email	
Preferred method of contact					
<input type="checkbox"/> Phone		<input type="checkbox"/> Email		<input type="checkbox"/> Fax	
Start Date		Discharge Date		Current Diagnosis Code	

CPT code(s):	Units/Days:	CPT code(s):	Units/Days:
CPT code(s):	Units/Days:	CPT code(s):	Units/Days:
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\_\_\_\_\_  
Provider/Facility Authorized Signature

\_\_\_\_\_  
Date

**Ready to submit?**

**Eastern Oregon CCO Claims**  
 P.O. Box 40384, Portland, OR 97240  
**Questions? 888-788-9821.**

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