Community Brief Crisis Support Request Form

AmeriHealth Caritas Louisiana

When complete, please fax to **1-855-301-5356**.

All out-of-network provider requests will be reviewed for medical necessity of services.

Community Brief Crisis Support services require **prior** authorization.

Please print clearly — incomplete or illegible forms will delay processing.

MEMBER INFORMATION	
Member name:	
Member date of birth:	Member ID number:
Legal guardian:	
Member primary diagnosis:	

PROVIDER INFORMATION					
Provider name:				NPI number:	
Group/agency name:				Phone:	
Physical address:				Fax:	
The provider is:	☐ In network	☐ Out of network	☐ In credentialing process		
Provider credentials:	☐ M.D.	☐ Ph.D.	☐ L.M.H.P.	☐ Bachelor's level	☐ N.P.
	☐ Other:				
Provider contact name:					

SERVICE INFORMATION			
Dates of service:			
Place of service:	☐ Home	☐ School	☐ Other:
When did the initial crisis occur?			
Explain/give an overview of what the initial crisis involved:			
All expected participants in the crisis intervention follow-up sessions:			
Summary of the crisis/symptoms and interventions to be completed:			

Authorization request: Please note Community Brief Crisis Support is authorized following a referral from an initial crisis response service as needed for ongoing and follow-up care. Community Brief Crisis Support is intended to be authorized up to 15 days. However, additional units may be approved with prior authorization.		
Service code:	Dates of service:	Units requested:
I certify that I have received Community Brief Crisis Support follow-up services. I understand payment will be from federal, state, and local funds. These are sometimes called public funds. I also understand that if I conceal facts or make false claims, statements, or documents, I may be prosecuted. By signing below, I agree that I (or my child) have received these services.		
Member/legal guardian signature:		Date:
☐ Member and/or legal guardian declined		
☐ Member and/or legal guardian unable to sign the encounter form due to:		
Provider signature:		Date:

If you have any questions please contact Behavioral Health Utilization Management at **1-855-285-7466**.