

# BCN Behavioral Health Initial Outpatient Authorization Request Form

**Fax authorization requests to 734-332-2519. Questions? Call 800-688-3290.**  
 Note: 10 units will be authorized per member, pending verification of benefits and eligibility.

Provider Information			
<b>Date of Request:</b>	<b>Provider NPI:</b>	<b>Provider Tax ID:</b>	
<b>Facility/Clinic Name:</b>		<b>Clinician Name:</b>	
<b>Street Address:</b>			
<b>City:</b>			<b>State:</b>
<b>Phone #:</b>		<b>Fax #:</b>	
<b>Zip Code:</b>			

Member Information								
	Member #	Last Name	First Name	DOB mm/dd/yyyy	Diagnosis	Date of 1st Visit	Mental Health / Substance Abuse	
1							MH	SA
<b>For BCN use only:</b> Number of visits authorized: _____ Authorization number: _____ Effective dates: FROM: _____ TO: _____ Initials _____								
2							MH	SA
<b>For BCN use only:</b> Number of visits authorized: _____ Authorization number: _____ Effective dates: FROM: _____ TO: _____ Initials _____								
3							MH	SA
<b>For BCN use only:</b> Number of visits authorized: _____ Authorization number: _____ Effective dates: FROM: _____ TO: _____ Initials _____								
4							MH	SA
<b>For BCN use only:</b> Number of visits authorized: _____ Authorization number: _____ Effective dates: FROM: _____ TO: _____ Initials _____								
5							MH	SA
<b>For BCN use only:</b> Number of visits authorized: _____ Authorization number: _____ Effective dates: FROM: _____ TO: _____ Initials _____								