

BCN Behavioral Health Medication Management Registration Form

Fax authorization requests to 734-332-2519. Questions? Call 800-688-3290.

| Member Information | |
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| Member Last Name: | Member First Name: |
| Member ID #: | Member Date of Birth (mm/dd/yyyy): |
| Primary Diagnosis: | |
| Secondary Diagnosis: | |
| Type of Medication: | |
| Requested number of Medication Management Sessions per year: | |
| Start Date for BCN Authorization (Note: provider should insert date, if known.) (mm/dd/yyyy): | |

| Provider Information | | |
|---|-------------------------|------------------|
| Facility/Clinic Name or Provider Name: | | |
| Provider Street Address: | | |
| City: | State: | Zip Code: |
| Provider Phone #: | Provider Fax #: | |
| Provider NPI: | Provider Tax ID: | |

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| FOR BCN use only: Number of visits authorized _____ |
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