

# BCN Behavioral Health Initial Outpatient Authorization Request Form

**For the fastest turn-around time, submit your request via the e-referral system. Go to [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) and log in.** To sign up to use the e-referral system, go to [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) and click **Sign Up or Change a User**.

You can also fax your authorization requests to 1-866-364-7145. Questions? Call 1-800-482-5982.

Note: Authorization requests are processed pending verification of benefits and eligibility. Authorization is not a guarantee of payment.

Provider information				
<b>Date of request:</b>	<b>Provider Type 1 (individual) NPI:</b>	<b>Provider Type 2 (organizational) NPI:</b>		
<b>Facility/clinic name:</b>		<b>Provider Tax ID:</b>		
<b>Street address:</b>				
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>	<b>Clinician name:</b>	
<b>Phone #:</b>		<b>Fax #:</b>		

Member information							
	Member #	Member last name	Member first name	Member DOB mm/dd/yyyy	Diagnosis code	Date of 1st visit	Mental health / substance abuse
1							<input type="checkbox"/> MH <input type="checkbox"/> SA
<b>For BCN use only:</b> Number of visits authorized: _____ Authorization number: _____ Effective dates: FROM: _____ TO: _____ Initials _____							
2							<input type="checkbox"/> MH <input type="checkbox"/> SA
<b>For BCN use only:</b> Number of visits authorized: _____ Authorization number: _____ Effective dates: FROM: _____ TO: _____ Initials _____							
3							<input type="checkbox"/> MH <input type="checkbox"/> SA
<b>For BCN use only:</b> Number of visits authorized: _____ Authorization number: _____ Effective dates: FROM: _____ TO: _____ Initials _____							