

When complete, please fax the request to AmeriHealth Caritas New Hampshire Utilization Management (UM) at **1-833-469-2264**.
If you have questions, please call UM at **1-833-472-2264**.

Submit crisis intervention service notification to UM within two business days of providing the service. After we are notified of a crisis intervention service, we will provide an authorization number within 14 calendar days. All out-of-network provider requests will be reviewed for the medical necessity of the services.

Please print clearly. Incomplete or illegible forms will delay processing.

Member information	
Member name:	
Member date of birth:	Member ID number:
Legal guardian:	
Who referred the member for initial crisis intervention services?	
<input type="checkbox"/> Member or legal guardian	<input type="checkbox"/> State agency:
<input type="checkbox"/> Primary care provider (PCP)	<input type="checkbox"/> Therapist or psychiatrist
	<input type="checkbox"/> Other: <input type="checkbox"/> School/work
Member primary diagnosis:	

Provider information	
Provider name:	NPI number:
Group or agency name:	
Phone:	Fax:
Physical address:	
The provider is: <input type="checkbox"/> In network <input type="checkbox"/> Out of network <input type="checkbox"/> In the credentialing process	
Provider credentials: <input type="checkbox"/> M.D. <input type="checkbox"/> Ph.D. <input type="checkbox"/> LMHP <input type="checkbox"/> Other:	
Provider contact name:	

Service information		
Date of service:	Time service began:	Time service ended:
Place of service: <input type="checkbox"/> Home <input type="checkbox"/> School/work <input type="checkbox"/> Other:		
All participants in the session:		
Summary of the crisis or symptoms and interventions completed:		
Outcome of the session:		
<input type="checkbox"/> Member stabilized and returned home with supports	<input type="checkbox"/> Member taken to emergency room for possible inpatient admission	
<input type="checkbox"/> Other:		
Patient status at end of services:		
Planned follow-up of crisis intervention:		
I certify that I have received crisis intervention services. I understand that 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 has received these services.		
Member or legal guardian signature:	Date:	
<input type="checkbox"/> Member or legal guardian declined <input type="checkbox"/> Member or legal guardian is unable to sign the notification form due to:		
Provider signature:	Date:	

Providers can also submit notification of initial crisis intervention services via the AmeriHealth Caritas New Hampshire NaviNet provider portal and obtain an authorization number at the time of submission.