

Behavioral Health Prior Authorization Request Form

Type or print legibly to ensure accuracy and timely processing. Please note that failure to complete all relevant fields on request can delay processing.

In addition to the form, include all additional relevant documents, including progress notes, history/physical exam notes, and treatment plan. Upon completion, please submit form via our NantHealth/Navinet provider portal system or fax form to AmeriHealth Caritas New Hampshire Behavioral Health Utilization Management at **1-833-469-2264**.

DATE			
TYPE OF REQUEST	<input type="checkbox"/> URGENT	<input type="checkbox"/> STANDARD	<input type="checkbox"/> RETROSPECTIVE
TREATMENT SETTING	<input type="checkbox"/> INPATIENT	<input type="checkbox"/> OUTPATIENT	
REQUEST TYPE	<input type="checkbox"/> EXTENSION	<input type="checkbox"/> INITIAL	<input type="checkbox"/> VOID
	<input type="checkbox"/> ADDITIONAL CLINICAL	<input type="checkbox"/> DISCHARGE PLANNING	<input type="checkbox"/> CONTINUED SERVICE
	<input type="checkbox"/> OTHER		
PREVIOUS AUTHORIZATION NUMBER			
CONTACT NAME			
CONTACT PHONE		CONTACT FAX	

MEMBER INFORMATION

LAST NAME		
FIRST NAME		
MEMBER ID (MEDICAID ID OR HEALTH PLAN ID)		
MEMBER PHONE NUMBER		DATE OF BIRTH
MEMBER STREET ADDRESS		
CITY	STATE	ZIP



PROVIDER INFORMATION

PROVIDER NAME		
PROVIDER TIN	PROVIDER NPI	
PROVIDER PHONE NUMBER	PROVIDER FAX NUMBER	
PROVIDER STREET ADDRESS		
CITY	STATE	ZIP
PROVIDER STATUS <u> </u> PAR <u> </u> NON PAR <u> </u> IN CREDENTIALING		
FACILITY NAME		
FACILITY TIN	FACILITY NPI	
FACILITY PHONE NUMBER	FACILITY FAX NUMBER	
ATTENDING PHYSICIAN		
FACILITY STREET ADDRESS		
CITY	STATE	ZIP
PROVIDER STATUS <u> </u> PAR <u> </u> NON PAR <u> </u> IN CREDENTIALING		

REFERRING PHYSICIAN NAME (IF DIFFERENT FROM ABOVE)		
REFERRING PHYSICIAN TIN		
REFERRING PHYSICIAN NPI		
REFERRING PHYSICIAN PHONE NUMBER		
REFERRING PHYSICIAN FAX NUMBER		
REFERRING PHYSICIAN STREET ADDRESS		
CITY	STATE	ZIP
PROVIDER STATUS <u> </u> PAR <u> </u> NON PAR <u> </u> IN CREDENTIALING		



BEHAVIORAL HEALTH SECTION

NOTES

Please submit via NantHealth/Navinet provider portal or fax to 1-833-469-2264

In order to process your request in a timely manner, please submit any pertinent clinical information to support the request for services. If an out of network provider is being utilized, please submit documentation to substantiate the use of an out-of-network provider. Please contact AmeriHealth Caritas New Hampshire's Behavioral Health Utilization Management Department via the NantHealth/Navinet system or at **1-833-472-2264** for questions.

URGENT MEDICAL CONDITION: Any illness, injury or severe condition which, under reasonable standards of medical practice, would be diagnosed and treated within a 24-hour period and, if left untreated, could rapidly become a crisis or emergency medical condition.

