Montana State Hospital Prior Authorization Request Form

Please type or print clearly. Processing may be delayed if information submitted is illegible or incomplete.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Information | | | | | | | |
| NAME: | | | | | | | |
| ADDRESS: | | | | CITY: | | STATE: | ZIP: |
| DOB: | | | MEDICAID NUMBER: | | SSN: | ADMIT DATE: | |
| GENDER: | Male | Female | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Responsible Party Information (if other than patient) | | | | | | | |
| NAME: | | | | | PHONE NUMBER: | | |
| ADDRESS: | | | | CITY: | | STATE: | ZIP: |
| RELATIONSHIP TO PATIENT: | Self | Other: |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Admitting Facility Information | | | | | |
| NAME: | | | | | |
| ADDRESS: | | CITY: | | STATE: | ZIP: |
| PHONE NUMBER: | FAX NUMBER: | | ESTIMATED LENGTH OF STAY: | | |
| PROVIDER NUMBER: | NPI NUMBER: | | TAXONOMY: | | |

| Clinical Information | | | | |
| --- | --- | --- | --- | --- |
| DSM V DIAGNOSIS: | | |  | |
| Code: |  | description: | |  |
| Code: |  | description: | |  |
| Code: |  | description: | |  |
| Code: |  | description: | |  |
| Code: |  | description: | |  |

| Summary of Current Psychological Symptoms, Behavior, and Level of Functioning: |
| --- |
|  |

| Current Medications: | | |
| --- | --- | --- |
| Type of Medication | Dosage | Start/End/Change Date (REQUIRED) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| Treatment Plan: |
| --- |
|  |

| Previous Inpatient Treatment (Please describe.): |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Does the patient have a case manager?  Yes  No | | |
| Case Manager Name: |  | |
| Case Management PROVIDER: | |  |

| Discharge Plan (Please include estimated date of discharge.): |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Assessment Completed By: | |  | | | | |
|  | | | | |  | |
| Title: |  | |  | Date: |  |