GREATER COLUMBIA BEHAVIORAL HEALTH, LLC BH-ASO

Secure Fax 509-460-5238

Crisis Stabilization Unit - CSU
Authorization Request Form

Determination within 24 hours (business days excluding holidays and weekends)
Please send authorization form with backup clinical documentation

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Non-Medicaid ☐ **Molina** ☐ **Coordinated Care** ☐ **CHPW** ☐ **Wellpoint** ☐ **MCO Member ID:**

Date / Time of admission:

Provider one number:

Authorization:

☐ **Initial (3-5)** ☐ **Extension:**

☐ **7 days** ☐ **14 days**

Facility and NPI #:

Number of days:

Name - Last: **First:** **MI**
(Legal) **(Legal)**

Alternate Name:
(Preferred name)

DOB: **Gender:**

Address: **City:** **State:**

County **Zip Code:** **Phone #:** **SS #:**

Primary Language: **UM Contact Staff:** **Requesters Name:**

Referral Source: (example - Law Enforcement, Hospital, Fire/EMS, Family, Community, Care Facility, Professional, SS Provider, Legal/Criminal Justice, Other – please state)

Diagnosis/Code (Primary and Any applicable co-occurring diagnosis):

Chief compliant/reason for admission/reason for extension: