GREATER COLUMBIA BEHAVIORAL HEALTH, LLC BH-ASO
Secure Fax 509-460-5238

Crisis Relief Center - CRC
Authorization Request Form

Please send authorization form with backup clinical documentation

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

Facility: CVCR **NPI: 1396602231**

Provider One Number:

Date and Hour of admission:

Date and Hour of discharge:

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

Alternate Name:
(Preferred Name)

DOB: **Gender:**

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

County: **Phone:** Zip: **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, Peer, other- please state)

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

Chief compliant/reason for admission:

Disposition (example - Admitted to SWM, admitted to CSU, admitted to other facility, discharge with resources and follow up, Other-please state):