

## Passport by Molina Healthcare Behavioral Health service request form

Member i	nformatio	n						
Line of Busine	ess:	☐ Mec	dicaid [	Marketplace	■ Medicare	Date of	f Request:	
State/Health	Plan (i.e. CA):							
Member Name:						DOB (MM/DD/YYYY):		
Member ID#:		Member Phone:						
Service Type:		□ Non-Urgent/Routine/Elective						
			, ,	lited – Clinical R		jency Red	quired:	
		<b>□</b> Emer	rgent Inp	atient Admissior	)			
Referral/S	Service ty	pe re	quest	ed				
		Request Extension/ Renewal / Amendment Previous Auth#:						
Inpatient Ser	vices:	Outp	oatient Se	ervices:		'		
☐ Inpatient Psychiatric ☐ Involuntary ☐ Voluntar		Residential Treatment				□ Electro	orany	
					m	Electroconvulsive Therapy  Psychological/Neuropsych		
☐ Inpatient De	etoxification	Intensive Outpatient Program				Testing		
<u>_</u>	ry		ay Treatme			Applied Behavioral Analysis		
		Assertive Community Treatment			ent Program			
If Involuntary, Court Date:		☐ Targeted Case Management				Other_		
Dlagge cons	l olipical pot			pporting docu	ımantation			
	O Code for Trea		a driy su	pporting doct				
Filling A ICD-T								
Dates of			dura/	Diganosis	Description:			Peguested
Dates of Start		Proced	dure/ e Codes	Diagnosis Code	Requested	Service		Requested Units/Visits
	Service	Proced	•	_	•	Service		•
	Service	Proced	•	_	•	Service		•
	Service	Proced	•	_	•	Service		•
	Service	Proced	•	_	•	Service		•
Start	Stop	Proced Service	•	_	•	Service		•
Start  Provider i	Stop Stop	Proced	•	_	•	Service		•
Start  Provider i Requesting I	Stop  nformatic Provider / Fac	Proced	•	Code	•	Service	TIN#:	•
Start  Provider i Requesting I Provider Nam	Stop  nformatic Provider / Fac	Proced Service On cility:	e Codes	_	•		TIN#:	•
Start  Provider i Requesting I	Stop  nformatic Provider / Fac	Proced Service On cility:	•	Code  NPI#:	•	Service  Email:	TIN#:	Units/Visits
Provider i Requesting I Provider Nam Phone:	Stop  nformatic Provider / Fac	Proced Service On cility:	e Codes	Code	•	Email:		•
Provider i Requesting I Provider Nam Phone: Address:	nformatic Provider / Face	Proced Service On cility:	e Codes	Code  NPI#:	Requested	Email:	State:	Units/Visits
Provider i Requesting I Provider Nam Phone: Address: PCP Name: Office Contac	nformatic Provider / Face	Proced Service On cility:	e Codes	Code  NPI#:	Requested PCP Phon	Email:	State:	Units/Visits
Provider i Requesting I Provider Nam Phone: Address: PCP Name: Office Contact Servicing Provider	nformatic Provider / Face e:	Proced Service On cility:	e Codes	Code  NPI#:	Requested PCP Phon	Email:	State:	Units/Visits
Provider i Requesting I Provider Nam Phone: Address: PCP Name: Office Contact Servicing Provider	nformatic Provider / Facili et Name: ovider / Facili lity Name (Rec	Proced Service On cility:	e Codes	NPI#:	Requested PCP Phon	Email: e: ntact Pho	State:	Units/Visits
Provider i Requesting I Provider Nam Phone: Address: PCP Name: Office Contact Servicing Provider/Facil	nformatic Provider / Facili et Name: ovider / Facili lity Name (Rec	Proced Service Service Dn cility:	e Codes	NPI#:	PCP Phon Office Co	Email: e: ntact Pho	State:	Units/Visits  Zip:
Provider i Requesting I Provider Nam Phone: Address: PCP Name: Office Contact Servicing Provider/Facil NPI#:	nformatic Provider / Facili et Name: ovider / Facili lity Name (Rec	Proced Service Service Dn cility:	Fax	NPI#:	PCP Phon Office Co	Email: e: ntact Pho	State:	Units/Visits  Zip: