

Behavioral Health Authorization Form



Send Authorization Requests via: Fax: 541-296-1036 or SECURE Email: um@gobhi.org

If you have behavioral health authorization form questions, please call 1-541-298-2101.

Documentation Required Check to confirm that each of these required items is included in your request:

Assessment Service plan Progress notes MARs Discharge summary

Date of Request: _____

Member Name		Date of birth (mm/dd/yyyy)	OHP number
Member Address			
Provider/Facility	Address		Phone
Provider/Facility Billing NPI #			
Primary Contact		Email	Fax
Start Date	Discharge Date		Current Diagnosis Code

CPT code(s):	Units/Days:	CPT code(s):	Units/Days:
CPT code(s):	Units/Days:	CPT code(s):	Units/Days:
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CPT code(s):	Units/Days:	CPT code(s):	Units/Days:

Provider/Facility Authorized Signature

Date

Ready to submit?

Eastern Oregon CCO Claims
P.O. Box 40384, Portland, OR 97240
Questions? 888-788-9821.

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