

Out of Network (OON) Provider 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 Phone Number	
Member Address			
Start Date	End Date	Current Diagnosis Code	

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

Has the member previously been seen by their local Community Mental Health Provider (CMHP)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the member want to opt out of calls by the CM Team to the local CMHP for care coordination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an in-network provider able to deliver the same services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Why does the member need to go out of network:		

Provider Information

Accurate information is needed for processing claims and credentialing purposes. The Rendering Practitioner (individual/licensed clinician) and Billing Facility (facility/clinic that is billing for the services) must be registered with the State of Oregon at the time of service in order to receive payment.

Billing Facility
Needed For All OON Auth Requests
Name
Tel #
Fax #
TIN #
OR Medicaid Provider #
NPI #

Billing Facility			
Needed For All OON Auth Requests			
Billing Address	City	State	Zip
Contact Name			
Contact Email			
Rendering Provider			
Needed For Out Patient OON Auth Requests Only			
Name (As spelled on professional license)			
Professional License/Title			
License # and Issuing State			
TIN #			
OR Medicaid Provider #			
NPI #			
Physical Address			

Signature

 Provider/Facility Authorized Signature

 Date

Ready to submit?
Eastern Oregon CCO Claims
 P.O. Box 40384, Portland, OR 97240
Questions? Call 888-788-9821.
eocco.com