

Behavioral Health Authorization Form



Send Authorization Requests via:

Fax: 541-296-1036

SECURE Email: um@gobhi.org

Important: Only send clinical information for one member per fax or email.

Date of Request: _____

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

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 Mental Health Claims

For claims with dates of service prior to September 1, 2019, please send to:

PH Tech, P.O. Box 5308, Salem, OR 97304

Questions? 503-362-2818.

For claims with dates of service September 1, 2019 through December 31, 2019, please send to:

GOBHI, 401 E. 3rd St., Suite 101, The Dalles, OR 97058

Questions? 541-705-4994.

For claims with dates of service January 1, 2020 and forward, please send to:

EOCCO, P.O. Box 40384, Portland, OR 97240

Questions? 888-788-9821.

Eastern Oregon CCO Substance Use Disorder (SUD) Claims

For all dates of service, please send to:

EOCCO, P.O. Box 40384, Portland, OR 97240

Questions? 888-788-9821.

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

eooco.com