

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

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 UM 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 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? Call 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? Call 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? Call 888-788-9821.

Eastern Oregon CCO Substance Use Disorder (SUD) Claims

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

Questions? Call 888-788-9821.

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

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