



Behavioral Health Preauthorization Request Form

Please note:

- Please complete all fields on the form. Missing information will delay the preauthorization process.
- **Include current intake assessment and other applicable clinical documentation.**
- A facility license is **required** for all non-participating facilities.
- Please check specific preauthorization requirements for **self-funded plans**.
- We will mail or fax a determination notice to the requesting provider or facility and the patient.

Participating providers submit online through InTouch. Go to **PacificSource.com/aboutproviderintouch** for information.

If you have any questions, please feel free to contact the Health Services Team at **(541) 684-5584** or toll-free at **(888) 691-8209**.

Patient

Last Name _____ First Name _____
 Date of Birth ____/____/____ Member ID Number _____

Services

Type of Service _____
 ICD 10 Diagnosis Code and Description _____
 Inpatient Admission Date _____ Estimated Length of Stay (days) _____
 Level 3.7 Withdrawal Management Admission Date _____ Estimated Length of Stay (days) _____
 Residential Admission Date _____ Estimated Length of Stay (days) _____
 Partial Hospitalization Program (PHP) Admission Date _____ Estimated Length of Stay (days) _____
 Hours per Day _____ x Days per Week _____ = Total Hours _____
 Intensive Outpatient Program (IOP) Required After 36 Sessions: Start Date _____ End Date _____
 Hours per Day _____ x Days per Week _____ = Total Hours _____
 Retrospective Review? Yes No Dates of Service _____

Provider Contact Information

Contact Person:

Name _____ Date _____
 Office Name _____
 Phone _____ Extension _____ Fax _____

Treating Provider:

Name _____ TIN _____ NPI _____
 Phone _____ Extension _____ Fax _____
 Address _____ City _____ State _____ Zip _____

Facility/Place of Service:

Name _____ TIN _____ NPI _____
 Phone _____ Extension _____ Fax _____
 Address _____ City _____ State _____ Zip _____

Please return to:

PacificSource Health Plans, ATTN: Health Services Dept., PO Box 7068, Springfield OR 97475-0068 | Fax: (541) 225-3667