



Behavioral Health Inpatient Admission Prior Authorization Request

Member Information		
Member Name	Date of Birth	Member ID
Diagnosis	ICD-10	
Type of Admission <input type="checkbox"/> Chapter 51/Emergency Detention <input type="checkbox"/> Mental Health <input type="checkbox"/> Detox	Admission Date	
Brief Summary of Current Clinical Status/Admission Information		

Provider Information		
Provider Name	Facility Name	NPI
Address	Tax ID	
Contact Name	Phone	Fax

Please submit clinical documentation to support medical necessity for requested item.

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Please fax completed form to Group Health Cooperative of Eau Claire **Fax** 715.552.7202 or 715.852.5755