



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 715.852.5755