

Effective May 1, 2019



Out-of-Panel Services Authorization Request Form for Mental Health Treatment Services for WVCH Members

Send to BCN by confidential fax to 503-585-4989 or
by secure email to authorizations@mvbcn.org

Send a separate fax/email for each member
Do not combine multiple members in same fax/email

A. Requester & Delivering Provider Information	
Requester name:	Request date:
Requester's agency:	Ph:
Email:	Fax:
Requested delivering provider (if known):	
Delivering provider's agency:	Ph:
Email:	Fax:

B. Member Information		
Member name:	Member DOB:	Member ID:

C. Authorization Information	
<ul style="list-style-type: none">• See notes on next page for additional documentation required for some of the services listed below• Except where noted on the next page, authorization must be requested <u>prior</u> to service delivery	
Start date:	First date of billable service.
End date:	Last date of billable service. End date for MH assessment is 30 days from start date.
MH assessment	Case management
Individual therapy	Medication management
Family therapy	PCP consultation
Group therapy	Other:

Questions? Call BCN at 503-566-2915

Do not use this form to request a Psychological Evaluation. Use the separate form for that purpose

This is a fillable Word form. The shaded cells will expand as you type into them.

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in the [Forms for Providers](#) section of BCN's website.