

**Behavioral Health  
Preauthorization  
Request Form**



**Please return to:  
PacificSource  
Attn. Health Services  
Fax: (541) 225-3667**

**Instructions:**

1. Please complete all of the form. Missing information will delay the preauthorization process.
2. **Include clinical information** and fax to **(541) 225-3667**

**Please note:**

- Requests received after 3:00 p.m. will be processed the next business day.
- You can expect to receive a response within two business days.
- We will mail or fax a determination notice to the requesting provider, facility, and patient.
- **An intake assessment is required within 72 hours of admission.**

If you have any questions, please feel free to contact us 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: \_\_\_\_\_  
Diagnosis code and description: \_\_\_\_\_

Inpatient **admission date:** \_\_\_\_\_  To be scheduled Estimated length of stay (days): \_\_\_\_\_  
 Residential **admission date:** \_\_\_\_\_  To be scheduled Estimated length of stay (days): \_\_\_\_\_  
 Partial Hospitalization Program (PHP): Hours per day \_\_\_\_\_ x days per week \_\_\_\_\_ = total hours \_\_\_\_\_  
PHP start date: \_\_\_\_\_ End date: \_\_\_\_\_  
 Intensive Outpatient Program (IOP): Hours per day \_\_\_\_\_ x days per week \_\_\_\_\_ = total hours \_\_\_\_\_  
IOP start date: \_\_\_\_\_ End date: \_\_\_\_\_

Retrospective review?  Yes  No Dates of service: \_\_\_\_\_

**▼ PROVIDER CONTACT INFORMATION**

**Contact person:** Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_

**Attending/treating provider:** Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
TIN: \_\_\_\_\_ NPI: \_\_\_\_\_

**Facility/place of service:** Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
TIN: \_\_\_\_\_ NPI: \_\_\_\_\_