



An Anthem Company

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Behavioral Health Inpatient Treatment Prior Authorization and Continued Care Request

To avoid delays in processing, please fill out this form completely and return it to Amerigroup Washington, Inc. by fax at 1-877-434-7578.

If you have any questions, please contact Provider Services at 1-800-454-3730.

Member information		
Name:		
Amerigroup ID number:	DOB:	
Address:		
City, State:	ZIP code:	
Provider information		
Facility name:	Status: <input type="checkbox"/> Participating <input type="checkbox"/> Nonparticipating	
NPI:	Admission status: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Parent-initiated treatment Next court date:	
TIN:		
Date of admission:		
Phone:		
Fax:		
UMR contact name:		
UMR phone:	UMR fax:	
Attending provider:		
Attending NPI:		
Additional required documentation:		
<ul style="list-style-type: none"> • Provider progress notes for each day since last review • Current MAR • Nursing progress notes • Social work notes: family meetings and current discharge plan • Current treatment plan and progress on each goal 		
Number of days requested:	Estimated discharge date:	
Provider signature:		
Date:	Phone:	Fax:

Disclaimer: Authorization indicates that Amerigroup determined medical necessity has been met for the requested service(s) but does not guarantee payment. Payment is contingent upon the eligibility and benefit limitations at the time services are rendered.