

Mobile Treatment-Child & Adolescent-Concurrent Request

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MOBILE TREATMENT-CHILD & ADOLESCENT-CONCURRENT REQUEST

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

Yes No

Provider Information

Provider Contact Name:* Provider Contact #:* Provider Contact Extension: Provider Contact E-Mail:*

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Request Information

Describe participant's current clinical presentation, including progress since last review, additional issues encountered, etc.:*

Describe attempts to integrate the participant into traditional outpatient:*

Have the participant's symptoms improved since beginning mobile treatment?*

Yes No

Does the primary caretaker continue to support in-home placement and mobile treatment?*

Yes No

Provide any additional information relevant to this request:

Data Capture Required:

Yes

Please note this authorization request is not a guarantee of payment, coverage is still subject to applicable State of Maryland benefits.

