DAVIS BEHAVIORAL HEALTH

THIRD PARTY AUTHORIZATION & TRACKING

Client Contract # | Admission Date

Client Name | Client Address

Client D.O.B. | City, State, Zip

Client's Relationship To Policy Holder ☐ Self ☐ Spouse ☐ Child ☐ Other

Insurance Co. | Policy Holder

Billing Address | Policy #

City, State, Zip | Policy Holder Employer

Insurance Phone # | Provider

☐ Mental Health ☐ Substance Abuse | Network Provider? ☐ Yes ☐ No

Co-Pay $ | Deductible $ | Has Deductible Been Met? ☐ Yes ☐ No

Yearly Max # of Visits or Yearly Max Dollar Amount $

Pre-Authorization Required ☐ Yes ☐ No

Authorization # | Authorized By | Authorization Effective From | To

Approved | Initial Eval ☐ (1) | Provider

Approved | Individual ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) | Provider

Approved | Group ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) | Provider

Approved | Med Mgmt ☐ (1) ☐ (2) ☐ (3) ☐ (4) ☐ (5) ☐ (6) | Provider

Notes