

Mental Health Services Pre-Authorization Form

Our **mental health services pre-authorization form** sample example provides a clear and concise template to streamline the approval process for necessary treatments. It ensures accurate documentation and quicker authorization for effective mental health care. Using this form helps both providers and patients navigate administrative requirements efficiently.

1. Patient Information

Patient Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Insurance/Member ID:	<input type="text"/>
Contact Number:	<input type="text"/>

2. Provider Information

Provider Name:	<input type="text"/>
Provider NPI:	<input type="text"/>
Facility/Practice Name:	<input type="text"/>
Provider Contact Phone:	<input type="text"/>

3. Requested Services

Service Type	Procedure Code	Frequency/Duration
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>

4. Clinical Justification

Provide brief clinical summary supporting the requested services.

5. Attachments

Please attach relevant documentation (treatment plan, referral letter, previous notes, etc.) as required.

6. Authorization

Provider Signature:	<input type="text"/>
Date:	<input type="text"/>

Submit Pre-Authorization Request

