



MANAGED MENTAL HEALTH CARE  
 ORGANIZATION FOR COOS, CURRY, JACKSON,  
 JOSEPHINE AND KLAMATH COUNTIES  
 550 NE E Street, Grants Pass, OR 97526  
 Phone: 541-955-9565 • Fax: 541-955-8290

# AUTHORIZATION REQUEST FOR OUT OF COUNTY MENTAL HEALTH SERVICES

**TO: JBH COUNTY ADULT/CHILD CLINICAL COORDINATOR**

**AUTHORIZATION:**     INITIAL AUTHORIZATION     RE-AUTHORIZATION

MEMBER INFORMATION		PROVIDER INFORMATION
Name:		Contact Name:
DMAP #:	DOB:	Agency Name:
Facility Name:		Phone:
Facility Phone:		FAX:

**SERVICE BEING REQUESTED**

Diagnostic Intake/Evaluation   
  Mental Health Assessment   
  Individual Therapy   
  Group Therapy  
 Medication Management   
  Case Management   
  Service Coordination   
  Skills Training  
 Other (List): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Clinical Supervisor Signature: _____	Date: _____
--------------------------------------	-------------

***FAX this form along with any pertinent mental health information (i.e., current treatment plan and mental health assessment) to the respective County Community Mental Health Program that would support the request.***

<input type="checkbox"/> <b>COOS COUNTY MENTAL HEALTH</b> (541)756-8982 (fax) / (541) 756-2020 x528	<input type="checkbox"/> <b>CURRY COUNTY HUMAN SERVICES</b> (541) 247-5058 (fax) / (541) 247-4082
<input type="checkbox"/> <b>JACKSON COUNTY MENTAL HEALTH</b> (541) 774-7981 (fax) / (541) 774-8201	<input type="checkbox"/> <b>JOSEPHINE COUNTY (OPTIONS FOR SOUTHERN OREGON)</b> (541) 479-2450 (fax) / (541) 476-2373
<input type="checkbox"/> <b>KLAMATH COUNTY MENTAL HEALTH</b> (541) 883-4213 (fax) / (541) 882-7291	

**SERVICE AUTHORIZATION REVIEW** *(To be completed and submitted to PH Tech by the County Clinical Coordinator from the county of enrollment)*

Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Authorization #:	Start Date:	End Date:
		Not to exceed 6 Months	

**CLAIMS SUBMISSION**    Note: Providers should submit claims to JBH within 120 days from the date of service.

<b>Claims should be sent to:</b>	JBH CLAIMS c/o PH TECH PO Box 5308 Salem, OR 97304 (503) 584-4251 (FAX)	&	A Copy to JBH and the County of Service	<b>For assistance with the submission of claims call:</b>	(800) 478-2818 (503) 566-9801
----------------------------------	---	---	--	---	----------------------------------