COUNTY MENTAL HEALTH AND MENTAL RETARDATION PROGRAM

AUTHORIZATION FOR SERVICE

CASE NUMBER

NAME AND ADDRESS OF PROVIDER OF SERVICE

IF IT IS NOT UNDERSTOOD WHY THE ACTION INDICATED BELOW WAS TAKEN, OR IF THERE IS ANY QUESTION, A STAFF MEMBER OF THE COUNTY MENTAL HEALTH AND MENTAL RETARDATION OFFICE WILL BE GLAD TO EXPLAIN. IF THE DECISION IS NOT SATISFACTORY THE PATIENT OR HIS REPRESENTATIVE HAS THE RIGHT TO A HEARING BY THE DEPARTMENT OF PUBLIC WELFARE.

DATE

SIGNATURE OF ADMINISTRATOR

I. SERVICE TO BE PROVIDED AND MAXIMUM MONTHLY PAYMENT

$ _____
MAXIMUM MONTHLY PAYMENT

II. TYPE PAYMENT

A ☐ **THE MEDICAL ASSISTANCE PROGRAM WILL PAY THE COST OF SERVICE. MEDICAL ASSISTANCE SHOULD BE BILLED IN ACCORDANCE WITH ESTABLISHED MEDICAL ASSISTANCE REGULATIONS AND COUNTY MH/MR PROGRAM PROCEDURES.**

B ☐ **THE COUNTY MENTAL HEALTH & MENTAL RETARDATION PROGRAM WILL MAKE FULL PAYMENT. SUBMIT SERVICE RENDERED REPORT, FORM MH/MR 13, TO BASE SERVICE UNIT WHICH REFERRED PATIENT.**

C ☐ **THE COUNTY MENTAL HEALTH & MENTAL RETARDATION PROGRAM WILL PAY MONTHLY COST OVER $ _____ SUBMIT SERVICE RENDERED REPORT, FORM MH/MR 13, TO BASE SERVICE UNIT WHICH REFERRED PATIENT.**

THE PATIENT IS RESPONSIBLE FOR MONTHLY PAYMENT OF $ _____ BILL PATIENT.

OTHER PAYMENTS (EXPLAIN BELOW) $ _____ BILL PERSON OR OTHER THIRD PARTY INDICATED.

_____

_____

D ☐ **THE PATIENT, LEGALLY RESPONSIBLE RELATIVE OR OTHER THIRD PARTY WILL MAKE FULL PAYMENT AS EXPLAINED BELOW. BILL PERSON OR OTHER THIRD PARTY.**

III. PRESCRIPTION OF DRUGS BY OUTPATIENT PHYSICIAN

A ☐ **THE MEDICAL ASSISTANCE PROGRAM WILL PAY THE COST OF DRUGS. MEDICAL ASSISTANCE SHOULD BE BILLED IN ACCORDANCE WITH ESTABLISHED MEDICAL ASSISTANCE REGULATIONS AND COUNTY MH/MR PROGRAM PROCEDURES.**

B ☐ **THE COUNTY MENTAL HEALTH & MENTAL RETARDATION PROGRAM WILL PAY COST OF DRUGS, PRESCRIPTION AND PHARMACISTS INVOICE. FORM MH/MR 12, MUST BE USED FOR SUCH PRESCRIPTIONS.**

NAME AND ADDRESS OF PATIENT

NAME AND ADDRESS OF PATIENT'S BASE SERVICE UNIT

DISTRIBUTION – Provider of Service Patient County MH-MR Administrator County MH-MR Admin, DPW Base Serv Unit