

Admit to Outpatient Services

(R-04-03-09)

Provider Agency Name: _____ Provider #: (required) _____

Children under 21 years old - Initial 30 day authorization for outpatient services immediately following discharge from acute, RTC, group home, crisis stabilization unit or TFC level of care.

Adults – Initial 30 day authorization for outpatient services immediately following discharge from acute or crisis stabilization unit level of care.

This form must be submitted prior to the start of outpatient services. With submission of this form and acceptance of this specialized 30 day authorization, you agree services will begin within 7 calendar days of the client's discharge. In cases when the client does not keep their appointment, outreach services will be implemented immediately to include case management and home-based services.

Client Name: _____
(Last name) (First name) (MI)

Date of Birth: ____ / ____ / ____ SS# _____

SoonerCare Number: _ _ _ _ _

Start date for this request: Date: ____ / ____ / ____

PG014 – Automatic Step Down/After Care will be authorized for 1 month.

Discharged from Acute or crisis stabilization unit (date): ____ / ____ / ____

Name of facility discharging client: _____

FAX to 1-800-762-1639