

# APS HealthCare, Inc.

4545 N. Lincoln Blvd., Suite 103 Oklahoma City, OK 73105  
Phone 1-800-762-1560 Fax 1-800-762-1639

(07-12-10)

## **NOTIFICATION OF CDC SUBMISSION**

**from private Psychologist, privately contracted LBHP, and non-agency Insure OK providers**

**Provider Name:** \_\_\_\_\_ **Provider ID#:** \_\_\_\_\_

**Provider Phone #:** \_\_\_\_\_ **Provider Fax #:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_ **Member ID #:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

***Requested start date for prior authorization (can be no more than 30 days from the transaction date of the submitted CDC):*** \_\_\_\_\_

### **COLLABORATION LETTER DOCUMENTATION**

If you have signed a letter of collaboration with another agency/provider, please document the services you will be providing as well as the name of the other agency and the services they are providing. As a cautionary note, duplication of services by different providers is not allowable.

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### **SERVICES REQUESTED**

PG029 – LBHP Testing – 8 units will be issued for 12 months

PG030 – LBHP Initial Treatment – 5 units per month will be issued for 6 months  
(If additional 3 units per month of treatment are medically necessary, LBHP will need to enter their request in CareConnection and complete all required fields)

PG028 – Insure OK - LBHP Testing – 8 units will be issued for 6 months

PG026 – Insure OK - LBHP Initial Treatment – 5 units per month will be issued for 6 months  
(If additional 3 units per month of treatment are medically necessary, LBHP will need to enter their request in CareConnection and complete all required fields)

**Comments** \_\_\_\_\_

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#### CONFIDENTIALITY

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