

# Bio-Behavioral Medical Clinics, Inc.

1060 W. Sierra Avenue, Suite 104 Fresno, CA 93711-2063

TEL: 559.437-1111 FAX: 559.437.1118

## -- PROVIDER REQUEST FOR TREATMENT --

<b>Patient Name:</b>				<b>BBMC Account:</b>	
<b>Date of Birth:</b>		<b>PCP:</b>		<b>Today's Date:</b>	
<b>ICD-10 Diagnosis</b>	1.				
	2.				
	3.				
<b>Requesting:</b>	<input type="checkbox"/> Additional Sessions <input type="checkbox"/> Discharge/Termination (Date: _____ )				
	Number Requesting:		Sessions with patient this year:		
	Frequency: <input type="checkbox"/> weekly, <input type="checkbox"/> bi-weekly, <input type="checkbox"/> monthly, <input type="checkbox"/> other:				
<b>Psychotropics:</b>					<input type="checkbox"/> None
<b>Prescribed by:</b>				<b>Rx Compliance:</b>	<input type="checkbox"/> Good, <input type="checkbox"/> Problematic
<b>Summary Notes:</b>					
<b>Treatment Plan For Additional Visits:</b>					
<b>Provider Name:</b>				<b>Phone:</b>	
<b>Email:</b>				<b>Fax:</b>	
<b>Notes: Case Management</b>					
<b>Authorization:</b> <input type="checkbox"/> attachment	<b>Authorization #:</b>		<b>Sessions Authorized:</b>		
	<b>Effective Date:</b>		<b>Expiration Date:</b>		
<b>Reviewer:</b>				<b>Review Date:</b>	