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 --

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