



Request for Additional Case Management Units

Please return by fax to: (904) 244-9358
Attention: Behavioral Health Coordinator
Call (904) 244-9780 or (904) 244-9197 with questions

Please Print Clearly:

Today's Date: _____ Member Name: _____

DOB: _____ Medicaid Number: _____

Agency/Center: _____

Case Manager: _____

Phone Number: _____

Clinical Justification for Additional Units (Including summary of member's current psychological symptoms and level of functioning, hospitalizations, frequency of visits, other behavioral health services received, etc.): _____

THIS SECTION IS TO BE COMPLETED BY A BEHAVIORAL HEALTH COORDINATOR

Approved _____ Denied _____ Additional Inf. Needed _____

Number of Additional Units: _____

Comments: _____
