

FAX COVER SHEET



To: Health Services-Behavioral Health Department

Company: CenCal Health

Fax: (805) 681-3070

Phone: (805) 562-1082

From:

Company:

Fax:

Phone:

Notes:

Please select one:

- ☐ **Behavioral Health Treatment (ABA)**
- ☐ **Psychological Testing**
- ☐ **Mental Health: psychotherapy and/or medication management request**
- ☐ **Mental Health Coordination of Care Request form**
 - ☐ **From Provider** –Request for higher level of care for Member
 - ☐ **From County** –Request for transition care coordination for Member
- ☐ **Other:**

Multiple Authorizations should be faxed individually.

Office:

Contact Person:

Phone:

Fax:

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