

BIO-BEHAVIORAL MEDICAL CLINICS, INC.

1060 W. Sierra Avenue, Suite 105

Fresno, California 93711

Phone: (559) 437-1111, Fax: (559) 437-1118

REQUEST FOR ADDITIONAL TREATMENT

BBMC Account #

Date:

PATIENT NAME:

Date of Birth:

DX Axis I:

Axis II:

PCP:

GAF: Current:

Last Reported:

Additional Sessions Discharge

Summary Notes: (Include dates of service under last authorization)

Current Condition-Medication:

ADDITIONAL TREATMENT REQUESTED: Yes No If yes, Frequency _____
Number of sessions requested: _____

(Submit request prior to the last visit or expiration date, whichever comes first)

Treatment Plan for Additional Sessions:

Provider Signature:

Phone:

Fax:

CASE MANAGEMENT AUTHORIZATION and NOTES:

Authorization #:

Sessions Authorized:

Effective Date:

Expiration Date:

Signature: