

Suboxone Authorization / Reauthorization Request

>> Incomplete forms may delay authorization <<

Please fax completed form to the Mental Health Access Center (MHAC) fax number listed below. Providers may request urgent reauthorization by calling first, then faxing the form. **MHAC Fax: 206-630-1683** / Phone: 206-630-1680
Mailed forms are accepted as well: Kaiser Foundation Health Plan of Washington, P.O. Box 9009, Renton WA 98057-9859

Practitioner Name / License: _____ Patient Name: _____
Practitioner NPI: _____ Patient Medical Record Number: _____
Agency/Group: _____ Patient Date of Birth: _____
Site Address: _____ Authorization Start Date Needed: _____
Mailing Address: _____
Phone Number: _____ Today's Date: _____
FAX Number: _____
TIN: _____ Session type - check one: Telehealth In person

INSTRUCTIONS: Complete one clinical request form per patient; **all fields must be completed.**

1. Date this episode of care began: _____

2. Request:

Code:		Number of units:	
Code:		Number of units:	

3. Patient is current receiving: (check one) Suboxone detox or Maintenance

Dose: _____ Prescription frequency: _____

4. Number of UAs/breathalyzer tests in the year: _____ Number of positive: _____
Positive for: _____

5. Is the patient currently engaged in SUD treatment? (check one) Yes No

6. Is there an active SUD ROI for outreach to the patient's physician? (check one) Yes No

7. Is there an active SUD ROI for outreach to the patient's mental health provider? (check one) Yes No

8. Additional comments:

CONFIDENTIAL

This information can be disclosed only with written consent of the person to whom it pertains or is otherwise permitted by such regulations (Uniform Health Information Act Title 70.02)