



### Behavioral Health Fax Cover Sheet Outpatient Authorization Request

<b>To:</b>
<b>Company/department:</b>
<b>From:</b>
<b>Re:</b>

<b>Number of pages (including cover):</b>
<b>Date:</b>
<b>Fax number calling:</b>
<b>Reference:</b>

Please submit via the provider website at <https://mediproviders.anthem.com/ca> or fax to **1-866-877-5229**.

Please send complete clinical information on this case within two hours. Zero days are approved pending concurrent review. Authorization of requested care depends on receipt of complete clinical information to determine medical necessity.

If you do not receive all the pages, please call the person listed above as soon as possible.

**Remarks:**

**Protected health information (PHI):** These documents contain PHI. Federal and state laws prohibit inappropriate use of PHI. If you are not the intended recipient or the person responsible for delivering these documents, you must properly dispose of them. If you need instructions, please call **1-855-817-5786**.

**Providers:** You are required to return, destroy or further protect any PHI that you receive pertaining to patients that you are not treating. You are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or redisclose such PHI.

**Help us protect patient privacy:** If you need to check one of the boxes in this section, please fax the document back and then destroy this correspondence. By checking a box, you agree to this statement: *I certify that the PHI contained in this correspondence has been destroyed and has not been retained, utilized or further disclosed.*

- Not treating these conditions
- Never treated this patient
- Not treating this patient now

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**<https://mediproviders.anthem.com/ca>**