

ACT/MOBILE TREATMENT-ADULT-CONCURRENT

ACT/Mobile Treatment-Adult-Concurrent Request Details

ACT/MOBILE TREATMENT-ADULT-CONCURRENT

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

Yes No

Provider Information

Provider Contact Name:* Provider Contact #:* Provider Contact Extension: Provider Contact E-Mail:*

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Request Information

Describe participant's current clinical presentation, including how participant continues to be at risk for a higher level of care:*

Has the participant made progress towards their treatment goals?*

Yes No

Please provide any additional information relevant to this request:

DLA-20 Required:

Yes

Please note this authorization request is not a guarantee of payment, coverage is still subject to applicable State of Maryland benefits.