



COMMUNITY FIRST
HEALTH PLANS

Behavioral Health Notification Form
HMO/CFHP/MEDICAID STAR

THIS NOTIFICATION FORM DOES NOT GUARANTEE PAYMENT. PLEASE CONTACT HEALTH PLAN TO CONFIRM MEMBER ELIGIBILITY AND COVERED BENEFITS.

Providers: Payment for services requiring notification is contingent upon confirmation of current eligibility and applicable contract specifications at the time of service. To obtain confirmation of eligibility and benefit information call 210-358-6060 (STAR), 210-358-6300 (CHIP) or 210-358-6070 (Commercial). Pre-authorization of the first 20 outpatient office visits is not required; however, the Behavioral Health Management Department must be notified after the initial visit, or the intent to continue outpatient treatment. This form will serve as notification of that intent. You must be aware of the Members specific Benefit Plan with its yearly limits. A PCP referral is not required for Community First Members to access their Behavioral Health Outpatient Benefits, to include Mental Health and Substance Abuse Services. Please notify the patient's PCP, with the patient's consent, of services being provided.

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING MUST BE PRE-AUTHORIZED.

Patient Information

Patient Name _____ Date of Birth _____ Member ID Number _____

Behavior Health Provider _____ Phone _____ Fax _____

Diagnosis (include all five Axis):

Axis I. _____ Diagnostic Name: _____

_____ Diagnostic Name: _____

Axis II. _____ Diagnostic Name: _____

Axis III. _____

Axis IV. _____

Axis V. GAF Current _____ Highest _____

Date of First Appointment _____

FAX COMPLETED NOTIFICATION FORM TO 210-358-6040

FOR MORE INFORMATION PLEASE CALL THE COMMUNITY FIRST BEHAVIORAL HEALTH DEPARTMENT AT 210-658-6100, OPTION 2 OR 800-434-2347 OPTION 7.

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