

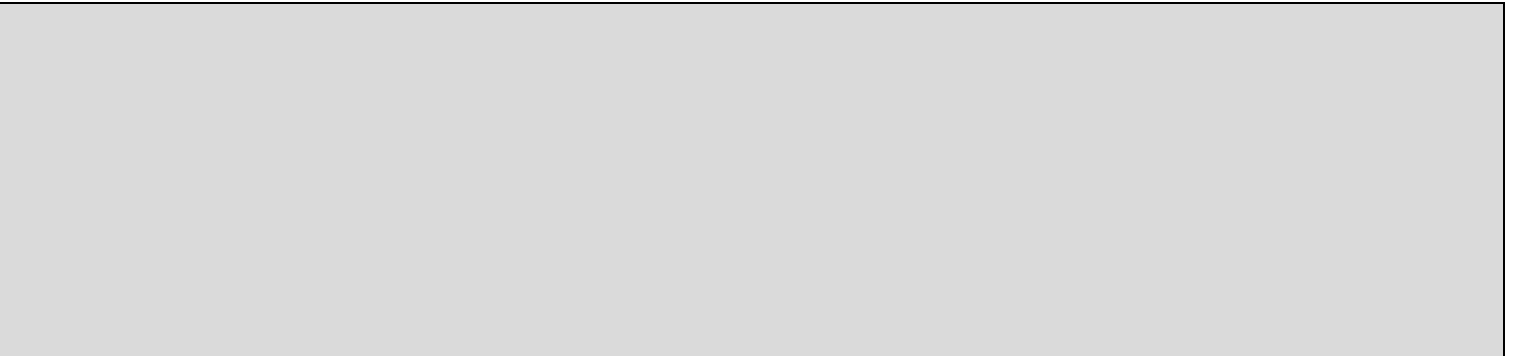
Complex Case Review

Provider – Please email Complex Case Review form to:

Mercy Care RBHA Medical Management at: ComplexCase@MercyCareAZ.org

Priority Status: <input type="checkbox"/> Routine <input type="checkbox"/> Immediate		<input type="checkbox"/> T19 <input type="checkbox"/> Non-T19	Date:
Member Information			
Member Name:		DOB:	
Behavioral Health Category: <input type="checkbox"/>	AHCCCS ID:		Other Insurance:
SMI <input type="checkbox"/> GMH/SA <input type="checkbox"/> Child			
Guardian or Advocate (if applicable):			
DDD Case Manager (if applicable):			
Member's Current Location			
Provider/Agency:	Program/Level of Care:	Phone:	
		Fax:	
Requesting Provider Contact Information			
Provider / Clinic:			
Name:		Title:	
Email:		Phone:	
Member's Primary Behavioral Health Provider Contact Information			
Provider / Clinic:		Phone:	
BHMP Name:		Phone:	
Medical Provider Name:		Phone:	
CD Name:	Email:		
CC Name:	Email:		
CM Name:	Email:		
Reason for request for complex case review (include services requested, type of request, applicable dates, etc.):			

Complex Case Review



Additional Comments: