



Notification Review for Additional Inpatient Mental Health Services

This request is to only be used for **ADDITIONAL INPATIENT MENTAL HEALTH SERVICES** for a client. To request new inpatient services, please complete the "Notification Review for New Inpatient Services" form found at www.team-mn.com. *Please print clearly. Incomplete or illegible forms can not be processed.*

Client Information

 Client's Name

 Client's Date of Birth

 Group #

 ID #

 Policy Holder's Name

 Diagnoses

 Expected Length of Stay

 Current Psychotropic Medication(s) & Dosage(s)

Updated Clinical Information:

Provider Information

 Name of Hospital/Clinic/Organization

 Attending Doctor

 Hospital/Clinic/Organization Address

 Name of Requestor

 Requestor's Phone #

 Additional Comments:

 Requestor's Email Address & Fax #

Submit completed forms via email or fax to TEAM

TEAM Corporation

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