



Authorization Request 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 "Authorization Request 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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