



Authorization Request for New Outpatient Mental Health Service

This request is to only be used for **NEW SERVICES** for a client. Requests for additional services should be directed to TEAM using the "Authorization Request for Continued Sessions" 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

Client's Address

Client's Phone #

Group #

ID #

Policy Holder's Name

Client's Presenting Issue

Provider Information

Services Requested (include CPT/Service Codes)

Name of Clinic/Organization

Clinician Name & Credentials

Clinic Address

Name of Requestor

Requestor's Phone #

Requestor's Email Address & Fax #

Requested Start Date of Service

Additional Comments:

IMPORTANT: Authorizations are usually completed within 1-3 business days.

Submit completed forms via email or fax to TEAM