

Residential Rehabilitation Program-Initial Request

Residential Rehabilitation Program-Initial Request Details

Residential Rehabilitation Program-Initial Request

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

Yes No

Service Request Information

Person completing this request:*

Contact #:**

Contact e-mail:*

Requested Start Date of Authorization:*

Requested Services:**

On-Site Off-Site Blended

Level of Services Requested:**

General Intensive Specialized RRP

Data Capture Required:

Yes

