

Patient Label:

Sharon Regional Health System



Behavioral Health Services
Insurance Information Authorization

PRIMARY INSURANCE

Policy # _____ Group # _____

Benefit PH # _____

Precert PH # _____

Contact Person _____

Auth./Ref. # _____

Auth. For Tx by _____

Days Approved _____

Ambulance Transfer:

Auth.: _____

Actions Taken: _____

SECONDARY INSURANCE

Policy # _____ Group # _____

Benefit PH # _____

Precert PH # _____

Contact Person _____

Auth./Ref. # _____

Auth. For Tx by _____

Days Approved _____

SUMMARY OF CONTACTS: _____

Staff Signature

Date

Time