



## Medical Necessity Criteria Request Form

If you would like to request a copy of criteria from the MCG Behavioral Health Care Guidelines, you must request the specific level of care criteria that you would like to review. You may request a copy of the criteria by phone, mail or fax.

- To request a copy by **phone**, please call 305-514-5300 or 1-855-541-5300, option 2, option 1
- To request a copy by **mail**, please complete this form and mail your request to the following address:

Carisk Behavioral Health  
Attn: Clinical Operations  
10685 N. Kendall Drive  
Miami, FL 33176

- To request a copy by **fax**, please fax this completed form to: 305-514-5321

**Date of Request:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please select one:** ☐ I would like to receive the criteria by mail ☐ I would like to receive the criteria by fax

**Please select one:** ☐ I am a participating Practitioner

**Requestor's Name:** \_\_\_\_\_

**Address (if requesting a mail copy):** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

### Level of Care

Please select the specific criteria relevant to your practice or care for which you would like to receive information:

- |   |   |
|---|---|
| <input type="checkbox"/> Outpatient Mental Health             | <input type="checkbox"/> Acute Care Mental Health - Adult   |
| <input type="checkbox"/> Outpatient Substance Abuse           | <input type="checkbox"/> Acute Care Substance Abuse - Adult |
| <input type="checkbox"/> Mental Health Intensive Outpatient   | <input type="checkbox"/> Acute Care Mental Health - Child   |
| <input type="checkbox"/> Intensive Outpatient Substance Abuse | <input type="checkbox"/> Acute Care Substance Abuse - Child |
| <input type="checkbox"/> Psychological Testing                | <input type="checkbox"/> Partial Hospitalization Program    |
| <input type="checkbox"/> Diagnosis: _____                     |   |

### Internal Use Only:

**Date Request Completed:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**By Staff Member (Name):** \_\_\_\_\_

**Criteria Section sent via:** ☐ Mail ☐ Fax

**Staff Member Signed Initials:** \_\_\_\_\_