



## UFCW & Employers Arizona Health and Welfare Trust

**Participants Currently Receiving Treatment for Mental Health and Substance Abuse, please provide this form to your provider for pre-registration of your care.**

Dear Provider:

Beginning on January 1, 2007, APS will be managing the behavioral health care for your patient under the UFCW & Employers Arizona Health and Welfare Trust. To allow for a smooth transition of care, APS will be honoring authorizations made by the previous vendor through **March 31, 2007** as long as APS is notified by you or the member that a prior authorization exists. In order to facilitate your ability to obtain an initial auth from APS, we ask that you complete this form in its entirety and fax back to APS at **1-888-897-8931** prior to seeing the client beyond January 1, 2007. In the event that treatment is not pre-authorized in this way, claims denials may result.

### Client Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

### Provider Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Degree: \_\_\_\_\_ TIN/EIN: \_\_\_\_\_

Group affiliation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Office address: \_\_\_\_\_

Billing address (if different from office address):  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization Information

CPT codes billed: \_\_\_\_\_

Start date of current authorization: \_\_\_\_\_ End date of current authorization: \_\_\_\_\_

Number of units authorized: \_\_\_\_\_ Current Contracted Rate: \_\_\_\_\_

**For questions regarding coverage for UFCW & Employers Arizona Health and Welfare Trust members, call HMC/APS at: 1-800-464-7101**