Community Health, Inc.

Chemical Dependency Authorization Denial

Oregon Health Plan

Client Name: Last First M.I.

Date

Agency Name

☐ Request for authorization not processed:

- ☐ TAR incomplete (See circled area(s) on TAR).
- ☐ Client already authorized with other agency. See client for details/info.
- ☐ Client already authorized at requesting agency (Authorization #)
- ☐ Client not enrolled in ODS Community Health, Inc. plans.
- ☐ During unauthorized period, client was:
  - ____ In other PHP Begin ____/____/____ End ____/____/____
  - ____ Ineligible with OHP Begin ____/____/____ End ____/____/____
  - ____ Open Card, Bill OMAP Begin ____/____/____ End ____/____/____

☐ Other

☐ Authorization Denied for following reasons:

☐ Exception request does not justify continued treatment.

☐ Other

ODS HP Signature

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OHP 01/2006