OhioHealthy.

Behavioral Health Review Sheet - OUTPATIENT

Member's Name / Last, First	Member's ID / Policy #	Date of Birth	Today's Date
Type of admission: PHP IOP	Units requested:	Date of admission: _	
Days of program: Type of review: D Admission D Concurrent			
Facility:	OhioHealthy Provider ID:		
Attending MD:	OhioHealthy Provider ID:		
Out of Network If yes, please provide NPI:		Tax ID:	
UM Contact:	UM Phone:	UM Fax: _	
Psychiatric diagnoses with ICD-10 codes (Axis I / Axis II):			
Clinical for medical necessity (include withdrawal symptoms, social history,	group participation, family	therapy, reasons for co	ontinued stay):
Disposition / ELOS:			
Please submit all relevant clinical information to 330-656-2449 or 1-800-385-7085			

Revised 12/2021