



## Behavioral Health Service Injection Authorization Form

Fax to: 1-866-617-4967 Phone: 1-800-818-5837

E:Portal: www.molinahealthcare.com

PROVIDER INFORMATION			MEMBER INFORMATION		
Provider Name:			Member Name (Last, First, MI):		
Specialty:	TPI/NPI:		Member ID:		
Information submitted to Molina by:			Date of Birth:		
Phone Number:			Phone Number:		
Fax Number:			Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	<b>Minor Child:</b> Minor Child: <input type="checkbox"/> Y <input type="checkbox"/> N Parent/Guardian Name (Required for Minors):		

INJECTION INFORMATION:
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<b>Medication requested:</b> <i>(Please specify name, strength, and dosing schedule)</i>  
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<b>Diagnosis related to use:</b>  
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<b>Duration of therapy:</b> <i>(Please include information on frequency and duration of injections)</i>  
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<b>Formulary alternatives tried:</b> <i>(Please include length of trial and/or if samples were given; Have oral medications been administered?)</i>  
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<b>Additional pertinent information:</b> <i>(Please include clinical reasons for drug, relevant lab values, etc.)</i>  
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Please fax completed form to 1-866-617-4967. Phone requests may be submitted by calling 1-800-818-5837.

*\*Please note our standard processing time is 3 business days. If the request is urgent please call the Behavioral Health Hotline to expedite the request.*

BEHAVIORAL HEALTH AUTHORIZATION INFORMATION			
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Authorization#:	Approved # of Visits:	Approved Frequency:	Approved Duration:
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