

BCN Behavioral Health Medication Management Registration Form

Fax authorization requests to 734-332-2519. Questions? Call 800-688-3290.

Member Information	
Member Last Name:	Member First Name:
Member ID #:	Member Date of Birth (mm/dd/yyyy):
Primary Diagnosis:	
Secondary Diagnosis:	
Type of Medication:	
Requested number of Medication Management Sessions per year:	
Start Date for BCN Authorization (Note: provider should insert date, if known.) (mm/dd/yyyy):	

Provider Information		
Facility/Clinic Name or Provider Name:		
Provider Street Address:		
City:	State:	Zip Code:
Provider Phone #:	Provider Fax #:	
Provider NPI:	Provider Tax ID:	

FOR BCN use only: Number of visits authorized _____
