



UnitedHealth Group®

**Public Sector Out-Patient Authorization Request**  
(MS CHIP or MS CAN)

**Fax to: 855-250-8159**

**E-mail to: [atlbehavmedreferral@uhc.com](mailto:atlbehavmedreferral@uhc.com)**

\*Note: this form is not mandatory. Authorization requests can also be called in to our queue for immediate assistance at 800-841-1978.

**Facility Name:** \_\_\_\_\_

**Tax ID Number :** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone # and Ext:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

\_\_\_\_\_

**If Multiple Facilities, list location where the authorization is to be made:**

\_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Member DOB:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_

**Type of Coverage (MS CHIP or MS CAN):** \_\_\_\_\_

**CPT or H&T codes requested:** \_\_\_\_\_

**Requested authorization start date:** \_\_\_\_\_