



REQUEST FOR CONVERSION OF BEHAVIORAL HEALTH BENEFITS

Please submit your request **prior** to providing services, otherwise payment may be denied. In case of extension of/addition to an existing authorization, submit request two weeks before expiration. **Fax to:** Delaware Physicians Care Behavioral Health at 1-866-543-2384 or **Call:** 1-866-543-2383.

Date of Request: _____

Start Date: _____

Patient Name: _____ **Date of Birth:** _____ **Member ID#:** _____

Current Diagnosis [DSM-IV-TR]:

Number of sessions requested for conversion (3:1 inpatient to outpatient): _____

Provider Name: _____ **NPI #:** _____

Address: _____

Phone: _____ **Fax:** _____

Signed consent from the member is required to complete your request!!!