# State of Maryland

REQUEST FOR REIMBURSEMENT FOR NON-MEDICAID SERVICES
(Form to be sent by CSA/LAA/LBHA to Beacon Health Options
if approved for Exception to Required Uninsured Criteria)

Type of Service: ◯ Mental Health (MH) ◯ Substance Use Disorder (SUD)

## FOR PROVIDER USE ONLY:

Beacon Health Options Provider Number:

Provider Name:

Contact Name:

Provider Email Address:

Provider Phone Number: Provider Fax Number:

## Consumer Information:

Registration Date: Consumer or Medicaid ID:

Last Name: First Name: MI: Suffix:

Gender: ◯ Female ◯ Male ◯ Unknown

Date of Birth: SSN: ◯ No SSN ◯ Unknown SSN

Primary Address:

Street:

City: State: Zip Code:

County:

Phone:

Level of Care Requested:

- ◯ MH Case Management
- ◯ MH Outpatient
- ◯ MH Mobile Treatment
- ◯ MH Psychiatric Rehabilitation
- ◯ MH Respite Care
- ◯ MH Supported Employment
- ◯ MH Residential Crisis
- ◯ Other
- ◯ SUD Outpatient
- ◯ SUD Methadone Maintenance
- ◯ SUD Intensive Outpatient
- ◯ SUD Residential ASAM Level 3.3
- ◯ SUD Residential ASAM Level 3.5
- ◯ SUD Residential ASAM Level 3.7
- ◯ SUD Residential ASAM Level 3.7WM

- Please be sure to complete both pages, if appropriate -

## FOR PROVIDER USE FOR SUD RELATED SERVICES:

Consumer Status: ◯ Already in Care ◯ New to Care

Financial Reason for Exception (check all that apply):

- ☐ Lacks all needed documentation for eligibility
- ☐ Private Insurance doesn't cover services
- ☐ Non-US Citizen / Undocumented
- ◯ Has Private Insurance, but high co-pay / deductible
- ☐ Income is x% of Federal Poverty Level (FPL):
- ◯ Eligible for Health Insurance Exchange, but didn't sign up
  - ◯ 250% - 400% of FPL
  - ◯ 400% - 600% of FPL
  - ◯ 600% - 800% of FPL
  - ◯ Over 800% of FPL
- ◯ Has Health Insurance Exchange, but high co-pay / deductible
- ◯ Has Medicare and can't get private insurance

Clinical Reason for Exception (check all that apply):

- ☐ Imminent potential harm to individual and/or public
- ☐ Pregnant
- ☐ Receiving medication to treat opioid disorder
- ☐ Has HIV/AIDS
- ☐ Discharged from psychiatric hospital in last 3 months
- ☐ Requesting services required by HG 8-507
- ☐ Release from prison, jail, or Department of Corrections(DOC) within the last 3 months
- ☐ Other Explain:

## FOR CSA/LAA/LBHA USE ONLY:

Reimbursement Status: ◯ Approved ◯ Denied

Reason for Exception or Denial:

CSA/LAA/LBHA Name:

CSA/LAA/LBHA Email Address:

CSA/LAA/LBHA Phone Number: CSA/LAA/LBHA Fax Number:

Additional Comments:

## FOR BEACON HEALTH OPTIONS USE ONLY:

Consumer ID:

Comments: