

FAX COVER SHEET



To: Health Services-Behavioral Health Department

Company: CenCal Health

Fax: (805) 681-3070

Phone: (805) 562-1082

From: [Redacted]

Company: [Redacted]

Fax: [Redacted]

Phone: [Redacted]

Notes:

Please select one:

- Behavioral Health Treatment (ABA)
- Psychological Testing
- Mental Health: psychotherapy and/or medication management request
- Mental Health Coordination of Care Request form
 - From Provider –Request for higher level of care for Member
 - From County –Request for transition care coordination for Member
- Other: [Redacted]

Multiple Authorizations should be faxed individually.

Office: [Redacted]

Contact Person: [Redacted]

Phone: [Redacted]

Fax: [Redacted]

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CenCal Health, 4050 Calle Real, Santa Barbara, CA 93110

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