KINGSTON TRUST FUND

Utilization Management

PRE-CERT CO.: HUGHES & ASSOC.
PHONE: 844-583-3863
FAX: 601-981-1778

OTR Form

Mental Health/Substance Abuse Treatment Plan

Client Information	Provider Information
NAME:	NAME/FACILITY:
INSURED:	SPECIALTY/CERTIFICATION:
ID #:	ADDRESS:
ADDRESS:	CITY:
CITY/STATE/ZIP:	STATE & ZIP:
PT DATE OF BIRTH:	PHONE:
INSURED DATE OF BIRTH:	FAX #:
HOME PHONE:	TAX ID #:
	PRECERTIFICATION REQUEST
	Date of 7th Visit:

PRESENTING PROBLEMS:
PRIMARY ICD 10:
CPT CODE:

SECONDARY:

MENTAL STATUS DESCRIPTION:

CURRENT MEDICATIONS:

RISK ASSESSMENT:

IMPRESSION SUMMARY:

RECENT PATIENT HISTORY:

PERSONALITY DISORDER:

MENTAL RETARDATION:

PSYCHOSOCIAL, ENVIRONMENT, OCCUPATIONAL, EDUCATIONAL PROBLEMS:

MEDICAL PROBLEMS OR DISEASE:

TREATMENT PLAN:

TREATMENT MODALITIES:

GOALS:
PROGNOSIS:
PROJECTED FREQUENCY OF SESSIONS:
GOALS MET FOR DISCHARGE: