

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 A	SSESSN	AENT:
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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:		