

TBS- Assessment Request

TBS-Assessment Request Details

TBS-ASSESSMENT REQUEST

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

Yes No

Provider Information

Provider Contact Name:*
Provider Contact #:*
Provider Contact E-Mail:*
Requested Start Date of Authorization:*

The Data Capture form will launch automatically when this form is saved. No selection is needed on this question.**

Yes

Please attach the following under Attachments when you return to the authorization request screen:

TBS referral form and one of the following: a diagnostic evaluation or a psychosocial evaluation dated within the past two months.

TBS Referral must be signed by an independently licensed clinician (MD, PhD, LCPC, LCSW-C, CRNP, APRN).