

Teamsters Behavioral Health

NEBT Managed Care Program
PO Box 4604 • Manchester, NH 03108-4604
Phone: (800) 258-9732 Fax: (603) 666-4477

TBH Use Only
Received Date:
Case Number:
Referral #:

Please complete the form as completely as possible. Should any section not apply, mark "N/A".
Thank you for your cooperation.

Patient Name: _____ D.O.B.: _____

Member Name: _____ SS#: _____

Provider Name: _____ Tax ID: _____

Provider Address: _____

Provider Phone: _____

Date Current Treatment Episode Began: _____

DSM Diagnosis (use most recent version of DSM)

Axis 1: _____

Axis 2: _____

Axis 3: _____

Axis 4: _____

Axis 5: _____

Describe current **functional** impairment, noting **specific** behaviors, emotions and thought processes including severity, frequency, and situational factors. Be concrete and specific.

List prior psychological/CD, inpatient and outpatient treatment:

Name of Hospital/Provider	Admitted for	Dates		Medications
		From	To	

over →

TBH Detailed Treatment Plan
page 2 of 2

Patient Name: _____ D.O.B.: _____

State Goals of Treatment: _____

Describe methods to be used in accomplishing above treatment goals including medications and dosage:

How will you determine that it is feasible to terminate treatment (e.g., What are the discharge criteria)?

Number of sessions to date: _____ Projected # of sessions to complete treatment: _____

Frequency of sessions: _____ Estimated Discharge Date: _____

Treatment Modality: (please select appropriate modality. If more than one, please indicate # sessions requested for each)

_____ Outpatient Mental Health (90806, 90847, 90846)

_____ Outpatient Chemical Dependency/Substance Abuse (90806, 90847, 90846)

_____ Medication Management (90862)

_____ Medication Management with Therapy – must be coordinated with TBH (90805, 90807)

_____ Group Therapy (90853)

_____ Other (Please Specify): _____

Provider Signature: _____ Date: _____

Additional Comments: _____

Please fax or mail DTP to TBH at least two weeks prior to completion of last authorized session, as **we are unable to backdate authorizations.**

TBH USE ONLY		
Reviewed By:	Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	# Sessions Authorized:
Review Date:	DTP Letter Sent: indicate letter #	Notes: