



215 West 4th Street Suite 6
 Spencer, IA 51301
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EMAIL: intake@ccnia.org

SERVICE AUTHORIZATION REQUEST

Individual Name: _____ **DOB:** _____

Diagnosis (DSM-IV): _____

NWIACC Application Completed: YES NO

Quantity (units)	CPT / COA CODE	Service Requested	Rate	Dates of Service
		Initial Therapy Intake		
		Medication Management ARNP MD		
		Outpatient Therapy		
		Group Therapy		
		Psychiatric Evaluation ARNP MD		
		Residential Care Facility		
		Supported Community Living		
		Supportive Employment		
		Other Service: (Please explain below)		

Provider Name: _____ **Date:** _____

Email: _____ **Phone:** _____

Additional Information:

Clay · Kossuth · Osceola · Palo Alto · Winnebago · Worth

Care Connections exists to support improved access to behavioral healthcare through local resources to promote full citizenship for people with mental illness and intellectual disabilities.