215 West 4th Street, Suite 6
Spencer, Iowa 51301
P. 712.264.3945 • F. 712.262.9016
E. intake@ccnia.org • W. ccnia.org

SERVICE AUTHORIZATION REQUEST

Individual Name:_____ **DOB:**_____

Diagnosis (DSM-IV): _____

CCNIA Application Complete: YES ☐ **NO** ☐

Quantity (units)	Per (Month, quarter, approved period, etc.)	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		
			Respite Individual ☐ Group ☐		
			Day Habilitation ID ☐ MH ☐		
			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.