

Residential Rehabilitation Program-Transitional Visit Request

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Referral Information

Referral Source:*	Contact Person at Referral Source:*	Phone number of Contact Person at Referral Source:*	Extension:	E-Mail of Contact Person at Referral Source*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Provider/Facility Information

Provider/Facility Contact Name:*	Provider/Facility Contact Phone:*	Provider/Facility Contact Extension:	Provider/Facility Contact E-Mail:*	Provider/Facility Secure Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transitional Visit Information

Number of Days Requested:*	Start Date:*	End Date:*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Clinical Information

Diagnosis:*

Current Clinical Presentation:*

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

Yes

Important:

- 1) When this form is Saved a pop-up box will appear regarding an additional form being recommended. Click Continue to move to the next form.
- 2) After the final form is completed you will be returned to the authorization screen.
- 3) Upload the RRP Application and Disposition form under Attachments on the authorization screen.

Failure to complete all forms and/or upload required documentation may result in a delay in processing or a an administrative denial.

