



Notification of Inpatient Substance Use Disorder Medicare Advantage Plans

FYI *Incomplete, illegible or inaccurate forms will be returned to sender.* Please complete the entire form and allow 14 calendar days for decision.



For questions, call Mental Health and Substance Use Disorder Services at: **715-631-7442** or **1-855-931-5264**



Fax form and any relevant documents to: 715-787-7314



Submit Request: : mhsudservicesMA@aspirushealthplan.com

MEMBER INFORMATION

Aspirus ID _____

Member Name _____ DOB _____

Address _____

City, State, Zip _____ Phone _____

ORDERING PRACTITIONER INFORMATION

Practitioner Name _____ NPI Number _____

Address _____

City, State, Zip _____

Contact Phone _____ Fax _____

SERVICING CLINIC INFORMATION

Clinic Name _____ NPI Number _____

Location Address _____

Facility Phone _____ Fax _____

REQUESTER INFORMATION

Request Sent By _____ Email _____

Phone _____ Total Pages Faxed _____

OTHER FACILITY TRANSITION

Member has already admitted to your facility?

Yes No – Anticipated Admit Date _____

