



# Concurrent Review Withdrawal Management

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



**Fax** form and any relevant documentation to: **612-884-2231**



For questions, call Mental Health and Substance Use Disorder Services at: **612-676-6533** or **1-833-276-1185**



**Submit Request:** [UCare's Secure Email Site](#)  
**Email:** [BHConcurrentReviews@ucare.org](mailto:BHConcurrentReviews@ucare.org)

<b>MEMBER INFO</b>	Member Name _____ Member ID _____
	Date of Birth _____ PMI _____
<b>SERVICE PROVIDER INFORMATION</b>	Service Provider Contact Person _____
	Provider Name _____ NPI Number _____
	Provider Address _____
	Provider Phone _____ Fax _____
	Provider Email _____
	Treating Clinician _____ Provider Phone _____
	Request Sent By _____ Phone _____
	Email _____

<b>SERVICES/PROCEDURE ITEMS REQUESTED</b>	Admission Reason:	Admit Date:	Anticipated/Discharge Date:
	Additional Days Requested: _____		
	<u>Information sent with request:</u> <input type="checkbox"/> Comprehensive or Rule 25 Assessment <input type="checkbox"/> COWS/CIWA scores <input type="checkbox"/> History & Physical (H&P) <input type="checkbox"/> Aftercare planning information <input type="checkbox"/> Stabilization Plan (Including Risk Ratings) <input type="checkbox"/> Progress notes (last 2 days) including withdrawal assessments ( <i>optional</i> )		
<input type="checkbox"/> 0900 – 3.2 Clinically Monitored		<input type="checkbox"/> 0919 – 3.7 Medically Monitored	