

Health-related services:
Individual flexible service request

Please send request via email to carecoordinationteam@samhealth.org or fax to 541-768-9768.

Date Submitted: _____

MEMBER INFORMATION		
First Name:	Last Name:	Date of Birth:
Preferred Name:		Preferred Pronouns:
Address:		
Phone:	Member ID #:	
Is member receiving services through another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (i.e. Developmental Disability Services, Senior and Disability Services) If yes, what kind? _____		
PROVIDER INFORMATION		
Provider Name:	Provider Phone:	Provider Fax:
Submitted By:	Phone:	Fax:
REQUEST		
Diagnosis(es):	Cost of Item/Service:	
What is being requested? (not a billable item such as housing help, wellness or prevention activity)		
How are we getting invoiced? (i.e. direct from manufacturer, PCP reimbursement, etc.)		
What other resources have you researched or attempted to use? (be specific)		
REQUIRED DOCUMENTATION CHECKLIST		
<input type="checkbox"/> Flexible service request form. <input type="checkbox"/> Other resources researched (if applicable).		
<input type="checkbox"/> Flexible service integrated into member's treatment plan/care plan.* <input type="checkbox"/> Anticipated outcomes and sustainability plan (must be measurable and integrated into treatment plan/care plan*).		
<input type="checkbox"/> Cost.		
<input type="checkbox"/> Invoicing source or reimbursement method.		
* Flexible services must be integrated into a treatment plan/care plan, clearly related to achieve a member's treatment goals, as developed by the member's care team and documented within the member's plan of care.		

FOR OFFICE USE ONLY: Accepted Refused