



American Behavioral

MEMORANDUM

FROM: Corporate Relations Department
SUBJECT: Transition of Care

For transition of care, American Behavioral offers one to three visits based on the intensity of services and the severity of the patient's illness for those individuals currently receiving clinical behavioral healthcare treatment. Please assist American Behavioral in easing transition of care for you or your family members by doing the following:

- Have your current providers direct all requests for inpatient, partial hospitalization and intensive outpatient reviews to American Behavioral. These requests should be directed to case management prior to the organization's termination date.

Any facility-based admissions will be covered and managed by American Behavioral upon the effective date of your contract with American Behavioral.

- Attached please find a copy of the *Provider Nomination Form*. This is important, even for those not currently receiving services, as American Behavioral uses the completed forms in an effort to create a personalized provider network for the University. Fax or mail completed forms to the number or address listed on the form.
- Outpatient visits require an authorization. Please contact American Behavioral via the telephone numbers on the form.
- If you see a primary care physician with a behavioral health diagnosis, and have the claim denied by Blue Cross Blue Shield; a Behavioral Health Reimbursement Form may be submitted to American Behavioral for payment. At that time, you will be offered the opportunity to schedule an appointment with an in-network provider.



American Behavioral Provider Nomination/Addition Form

American Behavioral strives to maintain the best provider network for its client organizations, their employees and family members. If you have a provider or providers you would like to nominate for possible inclusion in the American Behavioral network, please fill out this form and fax it to 205-868-9625. This is a confidential process.

Psychiatrist, Psychologist, Therapist

Provider Name: _____

Provider Address: _____

City: _____ **State:** _____ **Zip:** _____

Provider Telephone Number: (_____) _____

Provider Specialty (Check All That Apply):

Adult *Adolescent* *Children* *Geriatric*

Other (i.e. Substance Abuse, ADHD, Mood Disorders, Etc.)

Facility

Facility Name: _____

Facility Address: _____

Facility Main Telephone Number: (_____) _____

Facility Specialty:

Substance Abuse *Mental/Nervous*

Inpatient *Partial Hospitalization* *Intensive Outpatient* *Residential*

Other: _____

- **Address:** American Behavioral
550 Montgomery Highway, Suite 300
Birmingham, AL 35216
- **Main Phone Number:** 205-871-7814
- **800 Number:** 800-677-4544
- **Fax Number:** 205-868-9625