

Notification for Authorization MMPI/MCMI Testing

Instructions for completing the Notification for Authorization for MMPI/MCMI Testing.

Notification to the Plan is required within 7 days of providing any MMPI/MCMI testing. An authorization is required to assure claims payment. Authorization does not assure benefits.

Prior Authorization is not required before test is performed.

1. Please complete the form and fax it to our **confidential fax**. The number is given on the form.
2. We will gladly accept any other documents or formats that include all the requested information.

**Health Tradition
Managed Care Department
P. O. Box 188
La Crosse, WI 54602**

**Please complete form and fax to:
Attn: Mental Health Services
Fax Number: 608-781-9654
Telephone Number: 608-781-3208 (La Crosse Area)
1-800-658-9006 (Toll Free)**

Prior Authorization Request for MMPI/MCMI Testing

Please **print** clearly. Please do **not** use stickers on the form.
Inability to read this form may delay processing.
Completion of this form does not imply provision of plan benefits.

Today's Date: _____

Name of patient: _____ DOB: _____

Insurance Number: _____ Insurance: _____

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Name of M.A. Psychologist/Ph.D. administering and interpreting testing:

Clinic Address: _____
City State Zip

Telephone Number: _____ Fax Number: _____

Date of Test: _____

List specific tests requested and diagnostic question to be addressed by each:

Principle diagnosis (principle reason for testing)
