



North Sound Behavioral Health Organization, LLC

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Out-of-Network Service Request for Out-of-State Services

Individual's name/ID:		Date of Birth:	Date:
Individual's address:		CA/LOCUS or ASAM (if applicable) level:	
Does the individual need language interpretation, translated materials and/or a culturally competent clinician to provider their requested services?		Recommended LOC:	
Current behavioral health agency and program/episode type:		Who is requesting (choose one or more): Current clinician Individual Parent/guardian	
Current clinician name:	Clinician phone number:		
Type of specialty service being requested:			
Name of suggested agency:	Address of suggested agency:	Phone # of suggested agency:	
Diagnoses (please list all diagnoses/issues, including medical, developmental, substance use):			
Can the current provider agency subcontract for this service? Yes No If no, please provide a brief explanation:			
Are there provider agencies within the BHO network or In-State able to provide this service? Yes No If not, please provide an explanation for the Out-of-State request including the individual's specific needs, reasons another BHO was unable to provide the service, what less restrictive alternatives were explored/attempted/declined and reasons less restrictive options were unsuccessful or inappropriate:			

Previous episodes of care (including any current episode) related to the reason for this request:

Provider/Episode type	Admission date	Discharge date	Outcome

Other relevant information:

For North Sound BHO Use:

Your request has been reviewed, and NSMHA requests the following:
Please send further records, including the most recent assessment, current CA/LOCUS, last three months of progress notes, psychiatric assessment, last 1 year of prescribers' notes, and admission/discharge summaries for any relevant previous episodes of care including records from other providers (PCP, specialist, etc).

Please follow up in following manner:

Other:

Please send this form by secure fax or encrypted email to North Sound BHO Contracts Manager and either Adult or Youth Care Coordinator as appropriate. fax 360-416-7017