Select Health of South Carolina

Healthy Connections

Crisis Intervention
Notification Request Form

When complete, please fax to **1-888-796-5521**. Please print clearly – incomplete or illegible forms will delay processing.
Please submit this notification of crisis intervention services within two business days of rendering the service.
An authorization number will be provided to the provider within 14 calendar days of notification of service.
All out-of-network provider requests will be reviewed for medical necessity of services.

Member information

Patient name	Date of birth
Legal guardian	Medicaid/health plan ID number

Who referred the member for crisis intervention services?

☐ Therapist/psychiatrist ☐ Primary care provider (PCP) ☐ School ☐ Member/parent

☐ State agency: ☐ Other:

Provider information

Provider name	☐ In-network ☐ Out-of-network ☐ In credentialing process
Group/agency name	Provider credential ☐ MD ☐ PhD ☐ LIP ☐ CAC ☐ NP ☐ Other:

Physical address	Phone	Fax
Medicaid/provider/National Provider Identifier (NPI) number	Contact name	

Service information

Date of service	Place of service ☐ Home ☐ School ☐ Other:	
Time service began	Time service ended	All participants in the session
Participants continued (if necessary)		
Summary of the crisis/symptoms and interventions completed		

Service information (continued)

Outcome of the session:

- ☐ Member stabilized and returned home with supports
- ☐ Member taken to emergency room (ER) for possible inpatient admission
- ☐ Other:

Patient status at end of services:

Planned follow-up of crisis intervention:

Member acknowledgement

"I certify that I am actively involved in receiving Crisis Intervention Services. I understand that payment and satisfaction of claims will be from public funds (federal, state, and local) and that false claims, statements, or documents, or concealment of material facts, may be prosecuted under applicable laws."

Member signature	Date	☐ Member and/or legal guardian declined/ unable to sign the encounter form

Provider signature _____ Date _____