



Mass. Behavioral Health Partnership (MBHP) Emergency Service Request Form

Please send this form to the office of your choice

Boston Arbor Associates, 15 Court Square, Suite 1050, Boston, MA 02108
Providence Arbor Associates, 1 Richmond Square, Suite 114K, Providence, RI 02906
Worcester Arbor Associates, 51 Union Street, Worcester, MA 01608

ESP Requesting Services _____

Contact _____ Phone _____

Confirm Shifts With _____ Phone (D) _____ (N) _____

Contact at Service Location _____ Phone (D) _____ (N) _____

Consumer's Name _____ Age _____ DOB ____/____/____

Consumer's Address _____ City _____ State _____ Zip _____

Consumer's Phone _____ Consumer's Social Security # _____ - _____ - _____

Diagnosis _____ DXCode _____

RX _____ Reason for Specialing _____

Dates Authorized _____ RID # _____

Billing Information

Agency — Massachusetts Behavioral Health Partnership

Authorization # _____ # Units Authorized _____

Office to Bill _____ Billing Contact _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____

Ordering Physician _____ Phone # _____

Hospital Name _____ Phone # _____

Hospital's Address _____ City _____ State _____ Zip _____

Other Information

Additional Consumer Information

Consumer Information _____

Consumer History (please include previous placements, pertinent issue, health problems, etc.) _____

Target Behaviors (frequency, patterns, etc.) _____

TX Plan and/or Behavior Programs _____
