



East Carolina Behavioral Health

*serving...Beaufort, Bertie, Craven, Gates, Hertford, Jones,
Northampton, Pamlico, & Pitt counties*

FACSIMILE TRANSMISSION through PROVIDER LINK

Fax #: 1-866-211-1179

Date: _____

To: **ECBH**

From: _____

Company Name: _____

Phone: _____

Fax #: _____

Contents: (Please check appropriate box. If you have PCP's and Crisis Plans for more than one category listed below, please use separate cover page for each category.)

PCP & Crisis Plans for:

- Adult MH & SA State Funded
- Adult MH & SA Medicaid
- DD Child & Adult State Funded
- DD Child & Adult Medicaid
- CAP Child & Adult
- Child MH & SA State Funded
- Child MH & SA Medicaid

Request for WBJ authorization(s)

Attestation Letter(s)

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