

Service Management Resolution Request Form

Please complete this electronic form and FAX to 252-514-2744:
cehlers@ecbhime.org and smetcalfe@ecbhime.org

Name: _____ Position: _____ Agency: _____ Date of Issue: _____	Address: _____ Office Phone: _____ Cell Phone: _____ Submission Date: _____
Related Area: <input type="checkbox"/> Authorization back date request <input type="checkbox"/> Authorization Unit Adjustment Needed <input type="checkbox"/> Client Data Related <input type="checkbox"/> ECBH Complaint Issue <input type="checkbox"/> Other please specify <input type="checkbox"/> IPRS Target Pop	
Summary of the issue (<i>attach additional pages if necessary</i>): _____	
If this is a back date request or unit adjustment issue please include the corrective action steps your agency has taken to improve systems and internal processes related to timely request of authorizations from ECBH. (If not complete request will be denied) _____	
What would you like to see happen? _____	
** LME USE ONLY **	
<input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Referred to Provider Relations: Assigned to ECBH Representative: _____ Date: _____ Forwarded To: _____ Date: _____ By _____ Response Date: _____ Received Date _____	
Recommendations by Designated Area Representative: _____ Date: _____ Recommendations: _____ Final Disposition : _____ ECBH Representative: _____ Date: _____ <input type="checkbox"/> Provider agrees with the disposition of issue. <input type="checkbox"/> Provider disagrees with the disposition of issue. Explain: _____	