



SUBMIT TO:  
Cenpatico Single Case Agreements  
FAX 866.374.1576

## SINGLE CASE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES

### What is a Single Case Agreement?

On occasion, Cenpatico grants exceptions, called **Single Case Agreements**, that allow individuals whose benefit plans do not include out-of-network benefits to see a non-contracted professional utilizing their in-network benefit.

### What conditions must exist for a Single Case Agreement to be made?

- An area is geographically remote for any in-network Cenpatico provider.
- A clinical specialty is not available within Cenpatico's network.
- Continuity of Care: If there is evidence that the individual might be a danger to him/herself or others if required to transition to an in-network professional.

### What must a non-contracted professional do to obtain a Single Case Agreement?

- Review all of the information on this sheet.
- Complete this form and fax to Cenpatico Single Case Agreements at 866.374.1576. You can download a copy of this form at cenpatico.com.

**Single Case Agreements are authorized on a case-by-case basis.**

### If a Single Case Agreement is authorized, what are the terms and conditions of working with Cenpatico?

Non-contracted professionals must agree to the following:

- Arrangement is for a Single Case Agreement for only the individual for whom it was authorized and for only those services authorized, and there are no in-network providers whose qualifications or specialties match those required to adequately treat the individual.
- To accept agreed upon rate & copayments, coinsurance and deductibles as payment in full.
- The enrollee cannot be billed for services that Cenpatico declines to authorize unless the individual has agreed to pay for any such services in advance and in writing.

### MEMBER INFORMATION

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MEMBER ID # \_\_\_\_\_

IS THIS A MEDICARE MEMBER  YES  NO

### PROVIDER INFORMATION

PROVIDER NAME \_\_\_\_\_ LICENSURE (MD, PhD, LCSW or LPC, etc.) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

GROUP NAME (IF APPLICABLE) \_\_\_\_\_

TAX ID \_\_\_\_\_ RENDERING PROVIDER NPI \_\_\_\_\_

MEDICAID NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MEDICARE NUMBER (IF APPLICABLE) \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

POINT OF CONTACT NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY, STATE ZIP CODE \_\_\_\_\_

DATES OF SERVICE \_\_\_\_\_

PROCEDURE CODE(S) REQUESTED \_\_\_\_\_ DIAGNOSIS CODE \_\_\_\_\_

### SINGLE CASE AGREEMENT RATIONALE

<input type="checkbox"/> CONTINUITY OF CARE	<input type="checkbox"/> LACK OF IN-NETWORK PROVIDERS IN AREA	<input type="checkbox"/> PROVIDER SPECIALIZATION
		<input type="checkbox"/> CHEMICAL DEPENDENCY
		<input type="checkbox"/> CHILDREN AGES _____
		<input type="checkbox"/> DUAL DIAGNOSIS
		<input type="checkbox"/> CULTURAL/LINGUISTIC

Please note that in order for your request to be processed, ALL OF THE ABOVE FIELDS MUST BE COMPLETED.

In addition to this form, please submit your W9, Proof of Insurance, and a copy of your license.

**WHEN COMPLETE, FAX TO: Cenpatico Single Case Agreements 866.374.1576**