



215 West 4th Street Suite 6
 Spencer, IA 51301
 Phone: 712.264.3945 Fax: 712.262.9016 intake@nwiacc.org

SERVICE AUTHORIZATION REQUEST

Individual Name: _____ **DOB:** _____

Diagnosis (DSM-IV): _____

NWIACC Application Completed: YES NO

Quantity	CPT CODE	Service Requested	Rate	Dates of Service
		Initial Therapy Intake		
		Medication Management <input type="checkbox"/> MD <input type="checkbox"/> ARNP		
		Outpatient Therapy		
		Group Therapy		
		Psychiatric Evaluation <input type="checkbox"/> MD <input type="checkbox"/> ARNP		
		Residential Care Facility		
		Supported Community Living		
		Supportive Employment		
		Other Service: (Please explain below)		

Provider Name: _____

Provider Contact information:

Email: _____ **Phone:** _____

Please see back side for additional information

Clay · Kossuth · Osceola · Palo Alto · Winnebago · Worth

Additional Information:
