



Mercy Care Notification of Subacute Detox Admission

Admission Fax # 855-825-3165

This form must be completed entirely and faxed to above number to obtain an authorization for this admission

Provider Name	
Facility	
Facility Type:	Subacute Detox
Facility Address	
Provider Contact number	
Provider Fax Number	
Codes being billed	
Completed By/Contact info	

Member Name	
D.O.B.	
AHCCCS ID #	
Date of Admit	
Date of Discharge (if retro review)	
Diagnosis code(s)	
ASAM Score	