



Child/Adolescent Services

Children's Services-FBMHS Additional Units/Authorization Extension Request Form [CAPITAL ONLY]

Date of Request: _____

Provider: _____

Name of Person Submitting this request: _____ Phone #: _____

Member Name: _____ DOB: _____

MAID #: _____

Member County:

- Cumberland
- Dauphin
- Lancaster
- Lebanon
- Perry

Current Authorization Ends: _____

Number of Additional Units Requested: _____

New Authorization End Date Being Requested (If Applicable): _____