



TRICARE OUTPATIENT TREATMENT REPORT

P.O. Box 551188, Jacksonville, FL 32255-1188 Fax: 1-866-811-4422

Network providers can submit clinical and many times immediate authorization via the web at www.humana-military.com

IDENTIFYING DATA

Patient's Name: DOB: Sponsor #:

DSM-IV TR Diagnosis

Axis I - Axis II - Axis III -

Date first seen: Date last seen: Anticipated # of sessions to complete treatment:

TREATMENT REPORT

Current Clinical Information: (Circle each. Scale 0=None 1=Mild 2=Moderate 3=Severe 4=Extreme )

Table with 2 columns of symptoms and 4-point scales (0-4). Symptoms include Aggression, Alcohol/Substance Use, Anxiety/Panic, etc.

Treatment Plan/Discharge Planning Goals:

1. 2. 3.

Medications: (Optional for Non-Physicians)

TYPE OF TREATMENT

- Behavior Modification, Client Centered, Cognitive-Behavioral, Dialectical Behavioral Therapy, Educational, Exposure/Response Prevention, Group Therapy, Interpersonal, Medication Management, Parent Training, Psychodynamic Psychotherapy, Rational Emotive, Reality Therapy, Relaxation Techniques, Social Skills Training, Supportive, Systematic Desensitization, Other

REQUESTED SERVICES:

CPT Code: Frequency:

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Provider Name: Phone#: Fax#:

Provider's Signature

Licensure

Date

Disclaimer: Authorization indicates that ValueOptions-TRICARE has determined that medical necessity has been met for the requested service(s) but does not guarantee payment.