

**Macomb County Community Mental Health
Office of Substance Abuse**

SUD PROVIDER REQUEST TO OPEN CASE

Admission Date			
Requesting Agency		Site Location	
Person Making Request		Contact Number	

Consumer Demographic Information:			
First Name		Last Name	
Other Name Used		SSN	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Address		City	
State		Zip	
Home Phone		Alt. Phone	

Insurance Information: Check all that apply	
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Healthy Michigan Plan
<input type="checkbox"/>	MiChild
<input type="checkbox"/>	Block Grant/PA2
<input type="checkbox"/>	Women Specialty Funds
<input type="checkbox"/>	Other _____

Scan this form and consumer signed release to "SUD Release" in the Focus System Message

or

Fax this form and release to Managed Care Operations (MCO) at 586-948-0223