



**Macomb County Community Mental Health
Substance Use Services Department**

SUD PROVIDER REQUEST TO OPEN CASE

Admission Date:	
Requesting Agency:	
Site Location:	

Person Making Request:	
Contact Number:	
Contact Email:	

Consumer Demographic Information:			
First Name:		Last Name:	
Other Name Used:		SSN:	
Gender:	Male Female Other	Date of Birth:	
Address:		City:	
State:		Zip:	
Home Phone:		Alt. Phone:	

Insurance Information: Check all that apply

Medicaid

Healthy Michigan Plan (HMP)

MiChild

Block Grant/PA2

Women's Specialty Funds

Other (please specify) _____

***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