



Mercy Care Notification of Child & Adolescent Admission for BHIF, BHRF & TFC  
Admission Fax # 855-825-3165

This form must be completed entirely and faxed to above number within one day of admission to obtain an authorization. (note: **prior authorization is required prior to admission**. To verify prior authorization, you may call Mercy Care PA at 602-263-3000, select Prior authorization Prompt)

Provider Name	
Facility Name	
Facility Address	
Provider Contact number	
Provider Fax Number	
Completed By	

Member Name	
D.O.B.	
AHCCCS ID #	
Date of Admit	
Diagnosis	
Check Type of Facility: BHIF <input type="checkbox"/> BHRF <input type="checkbox"/> TFC <input type="checkbox"/>	

Please also Email *this form to the following*: Katie Warner at [WarnerK@MercyCareAZ.org](mailto:WarnerK@MercyCareAZ.org)