

*Benefit Transition Notification*

**Dear Clinician:**

If you determine that the member identified below requires transition to outpatient behavioral health treatment, you must complete this brief form and return it to the fax number or address provided below.

**Upon completion of EAP services, submission of this form will serve as your professional recommendation for initiation of routine outpatient psychotherapy services.**

Upon receipt of this transition notification, United Behavioral Health (UBH) will generate a behavioral health benefit authorization. The member will receive a letter indicating that routine outpatient psychotherapy services are authorized with a network clinician. You will not receive a copy of this letter from UBH. Instead, the member will be instructed to bring this letter to their session. If the member is continuing treatment with you, it is not necessary for you to wait for receipt of the authorization letter to continue services.

Please note that not all behavioral health services are covered under the initial behavioral health benefit authorization. For example, psychological testing and higher levels of care, such as intensive outpatient, still require prior review and authorization of benefits through UBH. To inquire about authorization of non-routine outpatient services, please contact UBH Care Management directly at the phone number listed on the back of the member's insurance card.

You can check member eligibility by phone at the behavioral health phone number listed on the back of the member's insurance card, or online at [www.ubhonline.com](http://www.ubhonline.com). Online eligibility inquiries are secure and available to network clinicians only. If you have not registered to use ubhonline®, you may obtain your user ID by visiting the Web site or by calling 1-866-209-9320.

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**To be completed by the network clinician:**

I have seen the identified member as authorized for their EAP benefit. It is my professional judgment that this person requires continuing treatment through their behavioral health benefit. I have informed the member of the need for such treatment and provided them with the option of being treated by other contracted professionals.

**Date:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Member ID:** \_\_\_\_\_

**EAP Approval #:** \_\_\_\_\_

**Clinician Name:** \_\_\_\_\_

**Clinician Address:** \_\_\_\_\_

**Return to United Behavioral Health- Support Services**

**By fax to: 800-842-2726**

**By mail to: United Behavioral Health  
Attn: Benefit Transition Notification  
PO Box 27430  
Houston, TX 77227**

**Questions:** Contact UBH at the number on the back of the member's insurance card