Office on Mental Health/Core Service Agency of Harford County, Inc.
125 N. Main Street/Rear Entrance, Bel Air, MD 21014
Phone: 410-803-8726 Fax: 410-803-8732

APPROVED ☐
DENIED ☐

Application for Prescriptions/Lab Work

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Today's Date: _____ Applicant's Name: _____ SS#: _____ DOB: _____

Applicant's Address: _____ Phone Number: _____

Prescribing Physician: _____ Primary Diagnosis: _____

Provider making request: _____Email: _____ Phone Number: _____

Agency Name & Address: _____

Agency Phone: _____ Agency Fax: _____

Psychotropic Medications:

Medication Name	Dosage	Cost

Describe Lab Work requested and how it is related to psychotropic meds: _____

_____

_____

_____

Does applicant have Medicaid? Y/N Please submit Documentation of Uninsured Eligibility Form

Amount Requested from CSA: $_____ Amount Applicant Will Pay: $_____

Amount from other resources: $ _____

Total: $ _____ (Must total amount of assistance needed)

Pharmacy Name and Address: _____

Pharmacy Telephone and Fax: _____

*******FOR CSA USE ONLY*******

Date Received: _____ OMH/CSA Authorization Code: CSAHC_____

Approved ☐ Amount: $_____

Denied ☐ Reason: _____

Signature: _____ Date: _____

Signature: _____ Date: _____