

Office on Mental Health/Core Service Agency of Harford County, Inc.
2231 Conowingo Road, Suite A, Bel Air, MD 21015
Phone: 410-803-8726 Fax: 410-803-8732

APPROVED <input type="checkbox"/>
DENIED <input type="checkbox"/>

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: _____