**OVERVIEW**

To request a Single Case Agreement (SCA) OR a SCA Extension, complete all information below. Send completed forms todeliverables@nsbhaso.org. Once received, North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) will initiate a *Letter of Agreement* for signature. Please note, incomplete forms may result in a delay in processing.

**TYPE OF SINGLE CASE AGREEMENT REQUEST:** [ ]  Initial [ ]  Extension

**PROVIDER INFORMATION**

Provider/Organization Name: Click or tap here to enter text.

Location/Facility Name (if applicable): Click or tap here to enter text.

The following information is for **INITIAL** SCAS only (unless information has changed). If requesting an extension of a current SCA, skip to next section: *Individual Information*.

Employer Identification Number (EIN): Click or tap here to enter text.

Location NPI: Click or tap here to enter text.

Primary Contact Name: Click or tap here to enter text.

Primary Contact Email: Click or tap here to enter text.

Primary Contact Phone Number: Click or tap here to enter text.

Name of Provider Staff who will be signing *Letter of Agreement*: Click or tap here to enter text.

Title of Provider Staff who will be signing *Letter of Agreement*: Click or tap here to enter text.

**INDIVIDUAL INFORMATION**

Name of Individual: Click or tap here to enter text. Date of Birth: Click or tap here to enter text.

Initial Start Date: Click or tap here to enter text. Initial End Date: Click or tap here to enter text.

 \*If requesting an EXTENSION of a current SCA, new End Date: Click or tap here to enter text.

Negotiated Rate: Click or tap here to enter text.

Level of Care: Click or tap here to enter text. Revenue Code: Click or tap here to enter text.

Is this SCA Exclusive? [ ]  Yes [ ]  No

If Exclusive, list exclusions: Click or tap here to enter text.

**NORTH SOUND BH-ASO INTERNAL USE ONLY – STAFF INFORMATION**

Date Form Received: Click or tap here to enter text.

Name of ASO Staff member processing SCA: Click or tap here to enter text.

Name of assigned ASO clinical staff member for UM purposes: Click or tap here to enter text.