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| CSS FAX to IME COVERSHEET |

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| To: Rutgers UBHC IME UM Unit | Provider:  |
| FAX #: 732-235-5569EMAIL: imecss@ubhc.rutgers.edu | From (Staff Name):  |
| IME UM Phone #: 844-463-2771 | Provider Site Location:  |
| Funding Source: [ ] Medicaid [ ] State NJMHAPP ID: \_\_\_\_\_\_\_\_\_ | Sender’s Email:  |
| Alternate Email:  |
| Sender’s Phone #:  |
| Extension:  |
| No. of Pages Submitted Including Fax Coversheet:  | Date Submitted:  |
| Consumer Name | *Last:*  | *First:*  |

**Reason for Submission to the IME**

**Request Type** (*each type requires a separate fax coversheet*)

1. [ ] Enrollment/Admission
2. [ ] Enrollment/Admission Resubmission for Request #: \_\_ to the attention of \_\_
3. [ ] Administrative Authorization Modification *(changing funding source during the first 60 days)*
4. [ ] Initial IRP
5. [ ] IRP Continuation of Care
6. [ ] IRP Modification for Change in Funding

 Please check one: [ ] State to Medicaid [ ]  Medicaid to State

1. [ ] IRP Modification for Additional Units
2. [ ] IRP Modification for a New Goal
3. [ ] IRP Modification for a New Band
4. [ ] IRP Resubmission for Request #: \_\_ to the attention of \_\_\_

Additional Comments:

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*Updated 5/29/19*