

CSS FAX to IME COVERSHEET

To: Rutgers UBHC IME UM Unit		Provider:	
FAX #: 732-235-5569 EMAIL: imecss@ubhc.rutgers.edu		From (Staff Name):	
IME UM Phone #: 844-463-2771		Provider Site Location:	
Funding Source: <input type="checkbox"/> Medicaid <input type="checkbox"/> 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
7. IRP Modification for More Units
8. IRP Modification for a New Goal
9. IRP Modification for a New Band
10. IRP Resubmission for Request #: _____ to the attention of _____

Additional Comments:

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