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| CSS FAX to IME COVERSHEET |

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| 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:  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*