

Additional Pertinent Information:

Reviewer Comments: (Administrative Use Only)

APA Continued Care Criteria 16.1 – 16.5 / 16.6

Number of sessions authorized: _____

Date range: _____

Reviewer Signature / Title

Date

PLEASE MAIL TREATMENT PLAN TO:

MMC – PHO Behavioral HealthCare Program
443 Congress St, 5th Floor
Portland, ME 04101 1-800-538-9698

**** PLEASE NOTE: ILLEGIBLE OR INCOMPLETE TREATMENT PLANS WILL BE RETURNED FOR CORRECTIONS ****