



# North Sound Behavioral Health Organization, LLC

301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273  
<http://northsoundbho.org> • 360.416.7013 • 800.684.3555 • F 360.416.7017

## STATE MENTAL HEALTH FUNDS ELIGIBILITY REVIEW FORM

Fax this form to: 360-416-7017	Telephone number to call with questions: 360-416-7013 and ask for <b>Mental Health Eligibility Review staff</b>
-----------------------------------	---

### ELIGIBILITY REVIEW

Date:
Name of Outpatient Treatment Provider:
Provider NPI #:
Staff Contact Name:
Staff contact FAX:
Staff contact telephone:

Full Name (First, Middle, Last):
Social Security Number:
Date of Birth:
County of Residence (Island, San Juan, Skagit, Snohomish, or Whatcom):
Check as applicable: Non-Medicaid
220% of Federal Poverty Level
Western State Discharge
Priority Population group: Western State Discharge
ICD-10 Code Number: