



INSTRUCTIONS

COMPLETING THE VALUEOPTIONS OUTPATIENT REGISTRATION FORM (ORF1)

Please note: To ensure timely processing of your Outpatient Registration Form, please complete ALL sections prior to submission to ValueOptions. TYPE or PRINT LEGIBLY. Check/circle responses where applicable.

Member and Provider Demographics:

Information requested	How to complete this section
Member's ID #	This is usually the ID # from the member's benefit card. However, for some plans it is still the policy holder's SSN or Alternate ID #.
Insured's Employer/Benefit Plan	This is either the policy holder's employer's name or the Health Plan the member belongs to, depending on who holds the contract with ValueOptions.
Is the member currently receiving disability benefits?	This could be for either Medical or Psychiatric reasons.
Provider Program/Clinic (if applicable)	If provider is billing through a facility/clinic rather than as an individual provider
ValueOptions Provider # (if known)	This is the Provider's ValueOptions ID number or GHI PIN# (if applicable)
Service Address	Address where services are rendered

DSM-IV Diagnosis and Risk Assessment:

Information requested	How to complete this section
Please circle the type of service requested:	Circle the appropriate type of service. If the treatment is for dual diagnosis, circle the primary focus
Please indicate the primary DSM IV diagnosis:	Enter a valid DSM IV diagnosis code for primary diagnosis (only one Axis can be deferred)

Current Risk Assessment:

Information requested	How to complete this section
Member's risk to self:	Indicate member's level of, or absence of, suicidality by circling the appropriate value. This must be completed
Member's risk to others:	Indicate potential for, or absence of, violence and/or abuse by circling the appropriate value. This must be completed

Medical Conditions (Axis III):

Information requested	How to complete this section
Please circle the Member's medical conditions	Please check all that apply of these persistent medical conditions.

Current Impairments: (please select/circle one value for each type of impairment – this must be completed)

Rating	Definition
0 = none	No evidence of impairment
1 = mild	Occasional impairment or difficulties, but no interference with normal daily activities
2 = Moderate	Currently experiencing difficulties, frequent disruption in daily activities, requires periodic or continuous assistance with some tasks
3 = Severe	Currently experiencing severe symptoms, potential risk of harm to self/others, severe distress and/or disruption in daily activities
na = not assessed	Impairment was not assessed – Please note use of NA may result in additional phone calls with ValueOptions to ascertain this information.

Requested Services:

Information requested	How to complete this section
Requested Start Date for this registration	For continued authorization requests, this will not be the Start date of treatment. This is the date that you require this authorization to begin.
Please indicate type(s) of service provided and frequency	If you are checking the "Other" Box please indicate the specific CPT codes and/or frequency you are requesting