



333 Westchester Avenue
White Plains, NY 10604
T: 888 779-7247
www.swschp.org

Date:

RE: SWSCHP Amalgamated Medical Care Management Outpatient Mental Health Substance Abuse Treatment Plan Form

Patient Name:

Patient ID # :

Claim # :

Dear Provider:

Enclosed please find a SWSCHP Amalgamated Medical Care Management Outpatient Mental Health Substance Abuse Treatment Plan Form for completion. Your patient is covered under the State-Wide Schools Cooperative Health Plan (SWSCHP), whose Provisions require a treatment plan, if more than 12 visits are anticipated. If you do intend to have more than 12 visits, please complete the attached form and return to:

**SWSCHP
1 Northeastern Blvd
Suite 100
Salem, NH 03079**

Phone: 1-888-779-7247 Retro Fax: 914-367-4152 Pre-Cert Fax: 914-367-4150

Amalgamated Medical Care Management, the Plan's Care Management vendor, will review the completed form for medical Necessity. You may reach Amalgamated Employee Benefits Administrators at 1-888-779-7247. Failure to submit the completed Form will result in denial of benefits.

Sincerely,

Amalgamated Employee Benefits Administrators, Third Party Claims Administrator for SWSCHP

*Name approved in some but not all states. Doing business in California as Amalgamated EBA Insurance Agency and Amalgamated Employee Benefits Administrators, Inc. In states where the name Amalgamated Employee Benefits Administrators, Inc. is not yet approved, the Company is currently known as Alicare, Inc.

*Name approved in some but not all states. In states where the name is not yet approved, the Company is currently known as Alicare Medical Management, Inc.