



ALAMANCE-CASWELL  
LOCAL MANAGEMENT ENTITY

319 N. GRAHAM-HOPEDALE ROAD, SUITE A  
BURLINGTON, N.C. 27217

**Daniel S. Hahn, MA**  
Executive Director

**Tel. (336) 513-4200**  
**Fax. (336) 513-4449**

**Norman M. Melton, Jr.**  
Chair, Area Board

To: All Providers

From: Alicia Graham, LPC  
UM Manager

Date: July 5, 2006

Re: **Communication Bulletin #12**  
**Revised Treatment Request form**

**Effective July 17, 2006** providers submitting request for reauthorization of services will utilize the revised Treatment Request Form. All elements of the forms must be legible and filled out completely in order to be processed. Incomplete or illegible Treatment Request Forms will not be processed and will be returned to the provider. The Treatment Request form may be copied for use or is available for downloading on the provider website at [www.acmhdds.net](http://www.acmhdds.net). Telephonic request are still an option but fax or mail is preferred. Completed Treatment Request forms are to be mailed or faxed to the address on the top of the form.

Please ensure that appropriate staff receive this form and begin using it 7/17/06. Questions regarding service authorization processes should be directed to Alicia Graham at (336) 513-4200 ext. 4131 or via email at [agraham@acmhdds.org](mailto:agraham@acmhdds.org). If you have questions concerning the status of an authorization you may contact Mary Anne Johnson at ext. 4148 or [mjohnson@acmhdds.org](mailto:mjohnson@acmhdds.org).