

Case manager:
CM email:
Branch:

## Emergency Response System (ERS) Prior Authorization (PA)

### Individual info:

Name:	Prime:
Physical address:	
Mailing address:	
Landline:	Cell:

### Provider info:

Performing provider:
Provider NPI or Oregon Medicaid ID (as shown in MMIS):

### Device selection: (Choose Basic or Enhanced, cannot select both)

**Basic ERS**

**Enhanced ERS**

### Authorization:

PA number (generated from MMIS):		
PA dates	Start:	End:
Sent to ERS provider:		Date scanned to EDMS: