



Case Manager:
Phone #:
Branch:

## Emergency Response System (ERS) Prior Authorization

### Consumer Info:

Consumer name:	Prime:
Physical address:	
Mailing address:	
Landline:	Cellphone:

### Provider Info:

Performing Provider:	
Provider NPI or Oregon Medicaid ID (as shown in MMIS):	
New Request	Renewal Request

**Device Selection: (Choose Basic or Enhanced, cannot select both)**

Basic ERS Authorization

Enhanced ERS Authorization

### Authorization:

Prior Authorization Number (Generated from MMIS):		
Authorization dates:	Start:	End:
Sent to ERS Provider:		Date scanned to EDMS: