

Bed Bugs Treatment Service Ticket

Member name: _____ **Date of service:** _____

Member AHCCCS number/ "S" number: _____ **Date of birth:** _____

Check one: T19 NT19

Bed bug treatment request requirements:

Mercy Care may provide a one-time temporary funding for behavioral health recipients who are TXIX and NTXIX SMI adults. Mercy Care has broad authority to provide this emergency assistance as it deems appropriate. Bed bug treatment is designed to provide members with assistance for short term need and related directly to their service plans and specific outcomes. Bed bug treatment is not a covered service and will be approved subject to availability of funding. Send completed application and supporting documentation to SMIMemberServicesRequest@mercymaricopa.org

Service Description (as applicable):

Purpose*	Description
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Vendor name: _____

Current living situation: _____

Example: independent house, independent apartment, etc.

Requested amount*: _____

*Requests may not exceed \$1,525 lifetime amount and must be accompanied by:

- Vendor Invoice indicating requested amount
- ISP page reflecting need, vendor, amount, and date of bed bug treatment
- Progress note indicating reason for bed bug treatment
 - Bed bug treatment include type of living situation i.e.: apartment, home, living with family, etc.
- Sustainability plan (including support services)
- Budget sheet

Requests/Approvals:

Title	Signatures (No signature stamp)	Date
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Direct Care Clinic: _____

Case Manager/Requester: _____

Clinical Director/ Site Administrator: _____

Regional Director: _____