



San Mateo County Behavioral Health and Recovery Services
ACCESS Team, 310 Harbor Blvd. Building E, Belmont, CA 94002
Phone: 1 (800) 686-0101 FAX: (650) 596-8065

PROVIDER CLOSING SUMMARY

Client Name _____	MH# _____
Authorization # _____	DOB _____
Provider Name _____	Provider Phone # _____
Fax# _____	
Closing Date <input style="width:150px; height:20px;" type="text"/>	

	Reason(s) for Closing:
	Client met therapy goals
	Client decided to terminate therapy
	Client failed to follow through with treatment
	Client's Insurance (no longer eligible)
	Client moved
	Client referred for higher level of services
	Other

Are you recommending other services? No____Yes____
 If yes, please identify needs:

Provider Signature, License Agency Name, if applicable Date

Provider Closing Summary (rev. 10.25.17) <http://www.smchealth.org/bhrs/contracts>
Fax completed Closing Summary to Access Call Center: 650-596-8065 or
mail to Access Call Center – 310 Harbor Blvd., Bldg. E, Belmont, CA 94002