



**ACCESS Call Center
 San Mateo County Behavioral Health & Recovery Services – Managed Care**

PROVIDER CLOSING SUMMARY



Do not use this form, if referring for a higher level of care. Contact the Access Call Center at 1-800-686-0101 to link client to appropriate services. Do not close client until they have been linked.

Client Name: _____ Mental Health Number: _____
 DOB: _____ Authorization #: _____
 Provider Name: _____ Provider Phone: _____

Closing Date

	Reason(s) for Closing:
<input type="checkbox"/>	Client met therapy goals
<input type="checkbox"/>	Client decided to terminate therapy
<input type="checkbox"/>	Client did not follow through with treatment
<input type="checkbox"/>	Client's Insurance (no longer eligible)
<input type="checkbox"/>	Client moved
<input type="checkbox"/>	Other

Are you recommending other services? No ___ Yes ___

If yes, please identify needs:

Provider Signature, License

Agency Name, if applicable

Date

Provider Closing Summary (02/2019) <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