Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

Case Manager:	
CM Email:	
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):

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:	