STATE USE ONLY

SERVICE CATEGORY

3

CONFIDENTIAL PATIENT INFORMATION

1 FOR F.I. USE ONLY

CCN

F. I. USE ONLY

40 41

42 43

TREATMENT AUTHORIZATION REQUEST

STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

(PLEASE TYPE) FOR PROVIDER USE (PLEASE TYPE)

VERBAL CONTROL NO.

2 TYPE OF SERVICE REQUESTED: DRUG / OTHER

REQUEST IS RETROACTIVE? YES / NO

IS PATIENT MEDICARE ELIGIBLE? YES / NO

PROVIDER PHONE NO. ( )

PROVIDER NAME AND ADDRESS

PLEASE TYPE YOUR NAME AND ADDRESS HERE

3 PROVIDER NUMBER

PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY)
ENTER NAME AND ADDRESS:

NAME AND ADDRESS OF PATIENT

PATIENT NAME (LAST, FIRST, M.I.)

4

MEDI-CAL IDENTIFICATION NO.

5

CODE

6

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER AREA ( )

SEX 7

AGE

DATE OF BIRTH 8

PATIENT STATUS: HOME / BOARD & CARE / SNF/ICF / ACUTE HOSPITAL

DIAGNOSIS DESCRIPTION:

ICD-9-CM DIAGNOSIS CODE

MEDICAL JUSTIFICATION:

FOR STATE USE

33 PROVIDER; YOUR REQUEST IS:

1 APPROVED AS REQUESTED / DENIED / DEFERRED

2 APPROVED AS MODIFIED (ITEMS MARKED BELOW AS AUTHORIZED MAY BE CLAIMED) / JACKSON VS RANK PARAGRAPH CODE

By

MEDI-CAL CONSULTANT

I.D. # 34

DATE 35

REVIEW COMMENTS INDICATOR 44

COMMENTS/EXPLANATION

RETROACTIVE AUTHORIZATION GRANTED IN ACCORDANCE WITH SECTION 51003 (B)

36 1 2 3 4 5 6

LINE NO	AUTHORIZED YES	AUTHORIZED NO	APPROVED UNITS	SPECIFIC SERVICES REQUESTED	UNITS OF SERVICE	PROCEDURE OR DRUG CODE	QUANTITY	CHARGES
1	9		10			11	12	$
2	13		14			15	16	$
3	17		18			19	20	$
4	21		22			23	24	$
5	25		26			27	28	$
6	29		30			31	32	$

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.

SIGNATURE OF PHYSICIAN OR PROVIDER TITLE DATE

AUTHORIZATION IS VALID FOR SERVICES PROVIDED

37 FROM DATE 38 TO DATE

TAR CONTROL NUMBER

39 OFFICE SEQUENCE NUMBER 40162785 PI

NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE IDENTIFICATION CARD IS CURRENT BEFORE RENDERING SERVICE.

SEND TO FIELD SERVICES (F.I. COPY)

50-2(5-92)