

Important Notice: Incomplete forms will be sent back for completion. Unauthorized, non-emergent, or non-urgent services rendered without prior authorization and/or after valid authorized dates are subject to payment denial. Please allow CCHP the following turnaround time to make a decision **after receipt of reasonably necessary information: Standard: up to 5 business days • Urgent: up to 72 hours**

AUTHORIZATION IS CONTINGENT UPON VERIFICATION OF ELIGIBILITY AT THE TIME OF ADMISSION OR AT THE TIME SERVICES ARE RENDERED.

PLEASE DO NOT WRITE IN THE SECTION BELOW • FOR CCHP/PCN USE ONLY

- Approved: Authorization Number: _____ Effective Date: _____
- Modified: Approved per criteria#: _____ Effective Date: _____
- Denied: **Reason for Denial** _____
- Pt. not eligible HPAR/RN/MD Signature: _____

MEDI-CAL MEMBERS may self-refer to Dental care by calling: (800) 322-6384 and self-refer for Mental Health services by calling (888) 678-7277 PA001 (02/2019)