



Gambling Treatment Program REQUEST FOR CLIENT AUTHORIZATION

Choose a box below to Indicate whether this form is an Initial Authorization, a Time Extension, or an Additional Client Session request.

- INITIAL**
 TIME PERIOD EXTENSION/ ADDITIONAL CLIENT SESSIONS

SECTION 1. PROVIDER INFORMATION

Provider Name: _____

SAP Vendor No. _____ Contract No: _____

SECTION 2. CLIENT INFORMATION

Client ID No.: _____ Admission Date: _____ Gender: Man Woman

Is Client insured? Yes No Other

Does Provider participate with client's insurance? Yes No

If "Yes" to the above, reason for requesting authorization: _____ If "No" to the above, reason for requesting authorization: _____

- | | |
|--|---|
| <input type="checkbox"/> Client needs help with copay/ deductible
<input type="checkbox"/> Insurance does not cover Gambling/ Gaming disorder
<input type="checkbox"/> Other _____ | <input type="checkbox"/> No available in-network provider
<input type="checkbox"/> Other _____ |
|--|---|

*Insurance denials must be received prior to submitting this request to DDAP. A verbal denial can be documented within the file if a written denial is not immediately available. A written denial must be kept in the client file once received.

If the client needs translation services please fill out the following information

What type of translation services will you be using for this client? <input type="checkbox"/> On-site translator <input type="checkbox"/> Telephone or Video Translation <input type="checkbox"/> Other: _____	Cost of translation services per session: \$ _____ Language to be interpreted: _____
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SECTION 3. TIME PERIOD EXTENSION/ ADDITIONAL CLIENT SESSIONS

If time period extension or additional sessions are being requested please explain the reasoning behind the request:

PROVIDER SIGNATURE/ DATE (REQUIRED)

 Certified Gambling Counselor (Print) Signature Date

DEPARTMENT OF DRUG & ALCOHOL PROGRAMS USE ONLY

No. of Sessions Authorized: _____	Authorization Starts On: _____	Authorization Expires On: _____
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 DDAP Authorized Signature Approval Date

 DDAP Authorized Signature Approval Date