



Gambling Outpatient 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"/> No available in-network provider |
| <input type="checkbox"/> Insurance does not cover Gambling/ Gaming disorder | <input type="checkbox"/> Other _____ |
| <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?	Cost of translation services per session:
<input type="checkbox"/> On-site translator	\$ _____
<input type="checkbox"/> Telephone or Video Translation	Language to be interpreted:
<input type="checkbox"/> Other: _____	_____

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: _____

DDAP Authorized Signature Approval Date

DDAP Authorized Signature Approval Date