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| DDAP-EFM-1004 12/15 | | | | | | | | | **Authorization**  (Required fields are in **BOLD**) | | | | | | | | | | **Provider Location:**  **Provider Name:**  **DDAP License #:** | | | | | | | | |
| **UCN:** |  | | | | | | | | | | | |  | | | | |  | | | | | | | | | |
| **First Name:** | |  | | | | | | | | | M.I.: |  | **Last Name:** | | | | |  | | | | | | | Suffix: |  |  |
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| **Authorization Request – TO BE COMPLETED BY PROVIDER** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Scheduled Admit Date:** | | | | | |  | | | | | | | | |  | | **Date of Request:** | | | | | |  | | | |  |
| **Requested From**: | | | | | |  | | | | | | | | |  | | **Requested To:** | | | | | |  | | | |  |
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|  | | | | **Requested Services** | | | | | | | | | | | | | | | | | | **Units** | | **UOM** | | |  |
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| Comments: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Authorization Approval – TO BE COMPLETED BY SCA** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Entire Request Denied | | | | | | | | | |  | | | | | | | | | | | | | | | | |  |
| Reason for Denial: | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
| If approved, please complete the following fields: | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Authorization #: ##Number**: | | | | |  | | | | | | | | |  | | **Date of Issue:** | | | |  | | | | | | |  |
| **Valid From**: | | | | |  | | | | | | | | |  | | **Valid To:** | | | |  | | | | | | |  |
| **Funding Source:** | | | | |  | | | | | | | | |  | |  | | | | | | | | | | |  |
| List Other Funding Source: | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
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|  | | | | | **Authorized Services** | | | | | | | | | | | | | | | | **Units** | | | **UOM** | | |  |
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Form to be submitted to SCA if required by the SCA.