



Gambling Treatment Program
REQUEST FOR CLIENT AUTHORIZATION

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

- INITIAL** (Complete Sections 1, 2, and Sign)
- TIME PERIOD EXTENSION** (Complete Sections 1, 2, 3 and Sign)
- ADDITIONAL CLIENT SESSIONS** (Complete Sections 1, 2, and 4 and Sign)

SECTION 1. PROVIDER INFORMATION

Provider Name: _____

SAP Vendor No: _____ Contract No: _____

SECTION 2. CLIENT INFORMATION

Client ID No.: _____ Admission Date: _____ Sex: Male Female
Is Client insured? Yes No Other _____

Does Provider participate with client's insurance? Yes No N/A (for uninsured clients only)

If "Yes", did you receive written denial notification prior to requesting authorization and payment from DDAP?

Yes No If "No" briefly explain why reimbursement is being requested:

Attach Client Liability Form

Attach Request for Liability Reduction or Elimination form

SECTION 3. TIME PERIOD EXTENSION

Current Authorization Expiration: _____ No. of Sessions Used: _____ Additional Time Frame Requested: _____
Date: _____ (specify months)

Justification:

SECTION 4. ADDITIONAL CLIENT SESSIONS

Additional Session Requested: _____

Justification:

Certified Gambling Counselor (Print) Signature Date

DEPARTMENT OF DRUG & ALCOHOL PROGRAMS USE ONLY

No. of Sessions Authorized: _____ Date of Authorization: _____ Authorization Expires On: _____

DDAP Authorized Signature Date

DDAP Authorized Signature Date