Department of Health Care Services
California Children's Services/Genetically Handicapped Persons Program

ESTABLISHED CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

Provider Information

1. Date of request
2. Provider name
3. Provider number
4. Address (number, street) City State ZIP code
5. Contact person
6. Contact telephone number
7. Contact fax number

Client Information

8. Client name—last first middle
9. Gender
   Male Female
10. Date of birth (mm/dd/yyyy)
11. CCS/GHPP case number
12. Client index number (CIN)
13. Client's Medi-Cal number

Diagnosis

14. Diagnosis (DX)/ICD-9: DX/ICD-9: DX/ICD-9:

15. Service Authorization Request for *(Check one)*
    a. CCS/GHPP New SAR
    b. Authorization extension (If checked, enter authorization number:

Requested Services

16.* CPT-4/ HCPCS Code/NDC	17. Specific Description of Service/Procedure	18. From (mm/dd/yy)	To (mm/dd/yy)	19. Frequency/ Duration	20. Quantity	21. Units of Service (Pharmacy Only)

* A specific procedure code/NDC is required in column 16 if services requested are other than ongoing physician authorizations or special care center authorizations.

22. Other documentation attached
    Yes
23. Enter facility name (where requested services will be performed, if other than office.

Inpatient Hospital Services

24. Begin date
25. End date
26. Number of days
27. Extension begin date
28. Extension end date
29. Number of extension days

Additional Services Requested from Other Health Care Providers

30. Provider's name | Provider number | Telephone number | Contact person
    Address (number, street) | City | State | ZIP code
    Description of services | Procedure code | Quantity
    Additional information

31. Provider's name | Provider number | Telephone number | Contact person
    Address (number, street) | City | State | ZIP code
    Description of services | Procedure code | Quantity
    Additional information

32. **Signature of Physicians/provider or authorized designee**
33. **Date**

Email Address:

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In Acrobat, choose Tools > Sign & Certify > Apply Ink Signature.
In Reader, choose Tools > Extended Features > Apply Ink Signature