

DALLAS COUNTY COMMUNITY SERVICES
902 Court Street, Ste. 1
Adel, Iowa 50003
Phone (515)-993-5869 Fax (515)993-5872

SERVICE AUTHORIZATION REQUEST

Consumer Name: _____ SS# _____

D.O.B.: _____ County of Legal Settlement: _____

Therapist/Doctor : _____

Diagnosis (DSM-IV): _____

Intake Date: _____ Next Appointment: _____

This person is currently being seen and we are requesting a written authorization of services covered through your county.

<i>Quantity</i>	<i>Service Requested</i>	<i>Rate</i>	<i>Dates of Service</i>
	90801 Initial Evaluation		
	90806 Individual Psychotherapy		
	90830 Psychological Testing		
	90843 Individual Psychotherapy (20-30 min)		
	90853 Group Therapy		
	90862 Medication Management		
	Adult Partial Hospitalization		
	Other Service (Please explain service)		
	Substance Treatment Services (Please explain services)		

Provider Name _____

Address _____ Phone # _____

Requested by: _____ Date: _____

Please note payment can not be paid from Dallas County Community Services until this form is received and a diagnosis for this client is determined.

For Office Use Only

Authorized by: _____ Amount Authorized: _____

Start Date: _____ Expiration date: _____

NOD Sent on (date): _____ Other: _____