

BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS
Request for Payment Authorization
PHN Consultative Services (0 to 3 years of age)

FAX to BCMH at (614) 728-3616 Attention: PHN Consultative Services

PLEASE PRINT ALL INFORMATION

Name of Child _____ DOB / /

Gender (if known) _____ Male _____ Female Date of initial contact _____

Address (include city, state, zip): _____

County of Residence: Stark

Early Track ID# _____ BCMH ID# _____
(List this information if known &/or applicable)

Parent/Legal Guardian Name _____

Relationship to the child _____

Address (if different from above): _____

Phone: _____

Diagnosis & Code (supply if available, may add R/O symptoms if No Diagnosis)

(1) _____ ICD (2) _____ ICD

(3) _____ (4) _____

(5) _____ (6) _____

PHN Name* (print) _____

Health Department Canton City Health Department NPI Provider Number 1396964920

County Stark Phone 1-330-489-3231

*BCM H PHN Signature (required) 05/03/2012
Date