

# Data Entry Information Request

Date: \_\_\_\_\_ Cluster : **D**



Payee Name: Therapies At Play

(Multiple requests may be made for same payee)

Child's Name	DOB	Provider Name	Discipline	Date(s) of Service (MM/DD/YY - MM/DD/YY)	Type of Auth: (IFSP/ Eval/On-going, etc)

**\*PLEASE NOTE: The normal time expected for authorizations to be available on Provider Account Management Module (PAM) is 10 days from the parent signature obtained to authorize services. If you believe your authorization is entered incorrectly, please submit a copy of documentation you have supporting correct authorization information (Change Page, IFSP service page, etc.) to assist in speedy corrections.**

**\*\*PLEASE NOTE: No corrections to data entry will occur for children 60 days past their termination date from the program.**

**If there are problems with entering or correcting your authorization, you will be contacted by phone; otherwise you can expect to see your auth on PAM within 3-5 days from submission of this form.**

Last Date "Search for authorization" run on PAM: \_\_\_\_\_ (required)

*If you have difficulty with the PA Inquiry function, please contact CSC Helpdesk @ 1-866-339-9595 Option 3*

Comments/questions:

Sender's Name:

Phone (include area code):

Fax: