



Adoptive Parent Counseling Preauthorization For Services

Section I: To be completed by the adoptive parent(s) (please print)

LEGAL NAME OF CHILD ON PROGRAM (LAST, FIRST, MIDDLE)		DATE OF BIRTH	
PARENT(S) NAME		HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
ADDRESS		CITY	STATE ZIP CODE
SERVICE REQUEST INFORMATION: TYPE OF SERVICE REQUESTED Adoptive Parent Counseling		TO BE PROVIDED BY: PROVIDER'S NAME	
FAMILY INSURANCE CARRIER 1		FAMILY INSURANCE CARRIER 2	
COMPANY NAME	POLICY NUMBER	COMPANY NAME	POLICY NUMBER
ADDRESS		ADDRESS	
Will family insurance cover the above requested service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much: _____ I am requesting service as a parent.			
ADOPTIVE PARENT'S SIGNATURE		DATE	ADOPTIVE PARENT'S SIGNATURE
			DATE

Section II: To be completed by the provider (please print)

Adoptive Parent Counseling:

SERVICE BEGIN DATE	Service will be a total of _____ sessions. \$_____ / hour OR The total fee for the service is \$_____
SERVICE END DATE	
BILLING INSTRUCTIONS When applicable, the insurance company must be billed first. When submitting billings, show the amount the insurance has either paid or denied. An insurance explanation of benefits should accompany the billing. Non-Medicaid services must be pre-authorized by an Adoption Support Program Manager on this form and a service referral before initiating services. Billings for non-Medicaid covered services are to be emailed to: ASProfessionalSvcs@dcyf.wa.gov , or mail to Payment Integrity Unit, P.O. Box 45710, Olympia, WA 98504.	
PROVIDER'S SIGNATURE	CREDENTIALS
PROVIDER'S PRINTED NAME	PROVIDER'S TELEPHONE NUMBER
ADDRESS	CITY STATE ZIP CODE
PROVIDER'S TAX IDENTIFICATION	

Section III: To be completed by the program manager (please print)

	YES	NO	COMMENTS
1. <input type="checkbox"/> Adoption Support Program			
2. Has medical insurance been utilized?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have other available resources been utilized? ..	<input type="checkbox"/>	<input type="checkbox"/>	
4. Requested service approved	<input type="checkbox"/>	<input type="checkbox"/>	
			PROGRAM MANAGER'S SIGNATURE
			SERVICE END DATE

ROUTE ALL COPIES OF COMPLETED FORM TO ADOPTION SUPPORT PROGRAM.
ASP WILL RETURN COPIES TO PROVIDER AND ADOPTIVE FAMILY