

**Health Services Authorization for Non-TennCare Eligible****TO BE COMPLETED BY DEPARTMENT OF CHILDREN'S SERVICES**

Child's Last Name	Child's First Name	Child's Middle Name	Child's Date of Birth
DCS Region	DCS County	TFACTS ID	Date of Service
Reason for Utilization (Check all that apply) <input type="checkbox"/> Individual is undocumented <input type="checkbox"/> Youth Development Center		<input type="checkbox"/> Other (Consult with Health Advocate before submitting) Explanation	

Requested By:**Authorized By:**

<input type="checkbox"/> Family Service Worker <input type="checkbox"/> Non-custodial Worker <input type="checkbox"/> Health Advocacy Representative <input type="checkbox"/> YDC Health Administrator	Name El# Telephone # Signature Date	<input type="checkbox"/> Team Leader <input type="checkbox"/> Supervisor <input type="checkbox"/> Health Advocacy Representative	Name El# Telephone # Signature Date
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TO BE COMPLETED BY HEALTH SERVICES PROVIDER (Supplier)

Name of Health Provider (Supplier) Hospital, Treatment Center	Name of Individual Treating Provider
Description of Service:	
Standard Claim forms to be received by providers include: CMS 2500, UB92, ADDA (dental), or Pharmacy standard invoice. Note that invoices submitted in a format other than the Standard Claim form will not be processed. The form must include the federal tax ID and the provider signature block certifying the treatment was provided. Reimbursements for services are authorized through state regulation, and include reimbursement with the Medicare fee schedule or rates otherwise set forth in the DA. By signature, the Supplier is agreeing to delegated purchase authority requirements, Attachment A.	
Signature of Health Provider/Supplier	Tax ID
Date	
Attach the provider Standard Claim to this Health Services Authorization for Non-TennCare Eligible . Providers may submit directly to DCS Health Payables in the UBS Building. Health Providers serving youth in DCS Youth Development Centers return form to the YDC. DCS Health Payables 315 Deaderick Street UBS Building, 10th Floor Nashville, TN 37243-1290	

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: DCS Health Payables

CS-0533, Health Services Authorization for Non-TennCare Eligibles

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