Authorization Request

Purchase of Medical Care Services
DHHS—Division of Public Health
1904 Mail Service Center
Raleigh, NC 27699-1904

FOR POMCS USE ONLY

1. Last Name | First Name | MI

Program
ADAP

14. Authorization Number

2. Patient SS#

15. POMCS Case Number (Current NC ADAP Case #)

3. Date of Birth (M/D/YYYY)

4. Gender ☐ Male ☐ Female ☐ Transgender

5. Race ☐ 1. White ☐ 2. Black ☐ 3. American Indian ☐ 4. Asian ☐ 5. Native Hawaiian/Other Pacific Islander ☐ 6. Multi-racial

6. Ethnicity: Hispanic or Latino Origin ☐ Yes ☐ No ☐ Unknown

7. Preferred Language
Select from the list on the back of this form.

☐ AR	☐ CA	☐ CH	☐ EN	☐ FR	☐ FC
☐ GE	☐ GR	☐ GU	☐ HI	☐ HM	☐ HU
☐ IT	☐ JA	☐ KO	☐ LA	☐ MI	☐ MK
☐ OT	☐ PE	☐ PO	☐ PG	☐ PC	☐ RU
☐ SC	☐ SP	☐ TA	☐ TH	☐ UR	☐ VI

8. Incarcerated? ☐ Yes ☐ No
Local Jail (Name)
Federal Halfway House (Name)

9. County of Residence | County Code

16. Provider of Requested Service

Walgreen's Pharmacy
1-800-573-3602

10. Address (Street or RFD)

11. City | State | Zip Code

12. Telephone # (Home) | (Work)

17. Requested dates of service

13. Alternate Clinical/Professional Contact (Not a Family Member)
Last | First | Middle | Phone #:

18. Diagnostic Code/Diagnosis: Primary **042** | Secondary

19. COMPLETE FOR ALL HIV REQUESTS (LAB REPORTS REQUIRED)

A. CD_4 Count
Date (M/D/YYYY)

B. Viral Load
Date (M/D/YYYY)

20: **Medications will be shipped to patients address unless indicated otherwise below. If applicant is incarcerated, see instructions on back of form:**

Care of, if applicable:

Street Address:

State Rd/RFD:

City:

State/Zip Code:

21. FOR ALL HIV REQUESTS
Clinician's Information:

Phone # :

Fax #:

NC License #:

22. Requesting Office

Agency:

Contact:

Address:

Phone #:

Date: (M/D/YYYY)

23A. Type or print Clinician's name

23B. Clinician's Signature (I certify that the above named individual has prescriptions for medications listed on the current NC ADAP Formulary)

DHHS 3056-ADAP (12/11)
Purchase of Medical Care Services (Review 12/15)

See instructions on back

INSTRUCTIONS

PURPOSE

This form is used to request authorization for reimbursement from the ADAP program.

Processing time is reduced when this form is legible and complete. If requested, additional information must be received within one year after the date of service or within 30 days of notification, whichever is later. Incomplete forms will be returned.

Authorization Requests should be submitted without documentation if necessary to meet deadlines. Requests will not be processed until all information is received.

INSTRUCTIONS FOR COMPLETING CERTAIN ITEMS ON THIS FORM

7. Select one of the languages in the box (below right) and enter the 2 letter corresponding code in block "7" on the front of this form.
8. If applicant/patient is incarcerated, check the box and indicate where applicant is currently residing. **NOTE: Patients who are incarcerated in a state or federal prison cannot participate in the ADAP Program.**

14., 15. For POMCS use only. Do not complete these items.

17. Will be the authorization date unless another date is requested and specified in this box.
18. If applicable, enter secondary diagnosis code.
20. If patient/applicant is incarcerated in local jail, please provide alternate shipping address (friend, relative). If patient/applicant is incarcerated in federal halfway house, medications will be shipped to address listed in block #10.
21. Enter clinician's telephone number, fax number and NC License number.

(AR) Arabic	(HM) Hmong	(PO) Polish
(CA) Cambodian	(HU Hungarian	(PG) Portuguese
(CH) Chinese	(IT) Italian	(PC) PG Creole
(EN) English	(JA) Japanese	(RU) Russian
(FR) French	(KO) Korean	(SC) Serbo-Croatian
(FC) French Creole	(LA) Laotian	(SP) Spanish
(GE) German	(MI) Miao	(TA) Tagalong
(GR) Greek	(MK) Mon-Khmer	(TH) Thai
(GU) Gujarati	(OT) Other	(UR) Urdu
(HI) Hindi	(PE) Persian	(VI) Vietnamese

FAX or MAIL REQUESTS TO: *(do not do both)*

Purchase of Medical Care Services
DHHS-Division of Public Health
1904 Mail Service Center
Raleigh, NC 27699-1904
(919) 715-5221 (FAX)

Faxed Authorization Requests are not given priority. Requesting offices should contact POMCS regarding the need to expedite a request.

WEBSITE: www.ncdhhs.gov/control/pomcs/pomcs.htm

ADAP WEBSITE: www.epi.state.nc.us/epi/hiv/adap.html