



Phone: (714) 347-3272
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AUTHORIZATION REQUEST FORM (ARF) For CalOptima Kids Weight Management Program Services

PATIENT/PROVIDER INFORMATION

Patient Name: _____ M F D.O.B. _____ Age: _____
Last First

Mailing Address: _____ City: _____ Zip: _____

Client Index # (CIN): _____ Phone: _____ Cell Phone: _____

| | | |
|--------------------------------|---------------|---------------------------------|
| Referring Provider: | Provider ID#: | Health Network: |
| Provider Address: | | Provider Phone: |
| City: | State: | Zip Code: |
| Office Contact Name/Phone #: | | Physician's Signature: |
| Diagnosis: (1) _____ (2) _____ | | ICD.9 (1) _____ ICD.9 (2) _____ |

AUTHORIZATION REQUEST

CRITERIA:

- Enrollment in the CalOptima Kids - Healthy Families Program (ELIGIBILITY must be verified at the time services are rendered).
- Meets ≥ 95 Percentile Body Mass Index (BMI) BMI = (Weight in lbs/Height in inches)/Height in inches x 703]
 Height (inches): _____ Weight (lbs): _____ Body Mass Index Score: _____
- Child is 4 - 18 years old
- No Co-morbidities (Some exceptions will be made for children with uncomplicated co-morbidities. These will be evaluated on a case by case basis. Please list possible uncomplicated co-morbidities below).
- Lab results attached (The following labs must be included in order to process ARF: CBC, Cholesterol Panel HDL, LDL, T3,T4, TSH, Liver Function Tests, C-Peptide, Fasting Blood Glucose and Urinalysis. Labs should be no older than 3 months)

HISTORY AND RELEVANT LAB VALUES:
