

## VERBAL NOTICE OF ELIGIBILITY

### VERBAL NOTICE INFORMATION

Date Verbal Notice Received: \_\_\_\_\_ Documented By: \_\_\_\_\_

DES/DCC Specialist's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name	Child ID	Start Date	Stop Date	# of Units	Copay Amount

- When a Certificate of Authorization form is not received after ten (10) working days of receiving a verbal notification of eligibility, contact the child's Case Specialist to request a copy of the child's CP08A Client/Provider Action/Authorization Notice, "Turn-Around Document".
- The copay amount is the minimum payment expected for each child and is set by DES/DCC. The amount you actually charge a family for care (your charges minus what DES/DCC pays) may be greater than the copay amount.
- The Daily Rate = 15 minutes or more.

