



OFFICE OF FAMILY PLANNING  
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

## Family PACT Referral

**Client Name** \_\_\_\_\_

**Client HAP ID Number** \_\_\_\_\_

**Primary Diagnosis Code** \_\_\_\_\_

**Secondary Diagnosis Code** \_\_\_\_\_

**Services Needed** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rendering Provider Name** \_\_\_\_\_

**Family PACT Provider** \_\_\_\_\_

**National Provider Identifier** \_\_\_\_\_

- Written consent is needed for any invasive procedure, including intra uterine contraceptive (IUC), implants and sterilization procedures.
- Sterilizations require the client to sign a sterilization consent form (PM 330).
- For sterilization procedures, the sterilization consent form must be attached to the claim form.

**For billing assistance, please contact:**

Telephone Service Center 800-541-5555