



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