

Family PACT Referral

When you are referring a client to a Medi-Cal or Family PACT Provider for Family PACT services that you cannot provide, please give the rendering provider the following information:

Client Name _____

Client HAP ID Number _____

Primary Diagnosis Code _____

Secondary Diagnosis Code (as needed) _____

Services Requested _____

Referring Family PACT Provider _____

National Provider Identifier _____

- Written consent is needed for any invasive procedure, including intrauterine contraceptive (IUC), implants and sterilization procedures.
- Sterilizations require the client to sign a sterilization consent form (PM 330) at least 30 days, but not more than 180 days prior to the procedure.
- For sterilization procedures, the sterilization consent form must be kept in the client's chart and a copy must be submitted with the claim form.

For billing assistance, please contact:

Telephone Service Center 800-541-5555