



DATA ENTRY INFORMATION REQUEST

State Form 53507 (R / 2-09) / BCD 0220



Date: _____

Cluster : _____

Payee Name: _____ (Multiple requests may be made for same payee)

Child's Name / ID	DOB	Provider Name	Discipline	Date(s) of Service	Type of Authorization: (IFSP/Eval/On-going, etc)

***PLEASE NOTE:** The normal time expected for authorizations to be available on the Provider Account Management (PAM) module is ten (10) days from the parent signature obtained to authorize services. If you believe your authorization is entered incorrectly, please submit a copy of the documentation you have supporting correct authorization information (Change Page, IFSP service page, etc.) to assist in speedy corrections.

****PLEASE NOTE:** No corrections to data entry will occur for children sixty (60) days past their termination date from the program.

If there are problems with entering or correcting your authorization, you will be contacted by phone; otherwise you can expect to see your authorization on PAM within three (3) to five (5) days from submission of this form.

Last Date search for authorization run on PAM: _____ (required)

If you have difficulty with the search function in PAM, please contact the CSC Helpdesk @ 1-866-339-9595, Option 3.

Comments/questions: _____

Sender's Name: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail: _____