



# AUTHORIZATION REQUEST FORM

## Early Periodic Screening, Diagnostic and Treatment Outcome Measures Application (EPSDT OMA)

Please provide the following information to add/remove users in the EPSDT Application.

☐ ADD USER

☐ REMOVE USER

☐ MODIFY USER INFORMATION

### Applicant Information

Full Name: \_\_\_\_\_ DMH E#: \_\_\_\_\_ C # \_\_\_\_\_  
*Last First M.I. DMH Contract Provider*

Provider Name: \_\_\_\_\_  
*Provider #*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

### Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail your completed Authorization Request Form in electronic format to [PEIOutcomes@dmh.lacounty.gov](mailto:PEIOutcomes@dmh.lacounty.gov)

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Assigned User Role: \_\_\_\_\_

Processed by: \_\_\_\_\_