

**INDIVIDUAL AUTHORIZATION FORM**  
**ACH/CMS CASE MANAGER'S AUTHORIZATION OF ENHANCED ACH/PC PAYMENT**

1. Resident Medicaid Identification Number		
2. Resident Name		
Last	First	Middle

10. Agency Name		
11. Case Manager Name And Telephone Number		
Last	First	(area code) Number

3.) Facility's Medicaid Provider Number	4.) County Number Where Facility is Located	5.) Effective Date for Enhanced ACH/PC Authorization	6a.) End Date for Authorization (if applicable)	6b.) End Date due to Death=Y1 Discharge=Y2 Discontinuation=Y3, Enter Y Code or No	7.) HCPC Code Authorized	8.) Confirmation Number	9.) Date EDS Notified