

\* Indicates a required field.

This form must be submitted to Optum by client's 3rd appointment. If the client does not return, please submit all information available.

*Client Name		*Medi-Cal #		*DOB	
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### Initial Request (Date client first reached out to you)

\*Referral Source: \_\_\_\_\_

\*Date of First Contact to Request Services: \_\_\_\_\_ \*Time: \_\_\_\_\_ AM PM  
Urgent

### Initial Appointment (This section required when client is still continuing services)

First Service Appointment/Assessment Offered Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

First Service Appointment/Assessment Rendered Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Was the client delayed access to services beyond 10 days? (exclude State holidays below) Yes No (If Yes, complete Reason for Delay)

Reason for Delay: \_\_\_\_\_

If other, explain: \_\_\_\_\_

### Follow Up Appointment (This section required when client is still continuing services)

Follow Up Appointment Offered

First Follow Up Appointment Offered Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

First Follow Up Appointment Rendered Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Was the client delayed access to services beyond the 10 days? (exclude State holidays below) Yes No

Did the provider determine and document that the extended waiting time was clinically appropriate? Yes No

Comments: \_\_\_\_\_

### Out-of-Network Referral (An out-of-network provider is a provider who is not part of the Medi-Cal managed care organization network)

Was the client referred to an Out-of-Network provider? Yes No

Comments: \_\_\_\_\_

### Access Record Closure (Required if client discontinued services by the 3rd appointment)

Closure Date: \_\_\_\_\_ Closure Reason: \_\_\_\_\_

If other, explain: \_\_\_\_\_

### Provider Contact

\*Printed Name & Licensure: \_\_\_\_\_ \*Date: \_\_\_\_\_

If Group Practice, Name of Group: \_\_\_\_\_

### General Comments

An **Urgent Appointment** means health care is provided to a member when the member's condition is such that the member faces an imminent and serious threat to their health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal time frame for the decision making process would be detrimental to the member's life or health or could jeopardize their ability to regain maximum function.

DHCS observes the following **State holidays**: New Year's Day, Martin Luther King Jr. Day, Presidents' Day, César Chávez Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, the Day After Thanksgiving, and Christmas Day.