



Department of Behavioral Health
Donna Taylor, RN, Director



PRESCRIPTION AUTHORIZATION FORM

THE FOLLOWING COUNTY CONSUMER IS UMDAP (Uniform Method for Determining Ability to Pay) CERTIFIED TO RECEIVE ATTACHED PRESCRIPTION(S). PLEASE CALL COUNTY AT NUMBER LISTED BELOW IF CERTIFICATION PERIOD HAS EXPIRED.

DIVISION: **METRO SERVICES**

PLAN ID/COST CENTER: **4/56302100**

Consumer Name: _____ **DOB:** _____

Patient ID # (DMH#) _____

GROUP #: 4

US Script Bin#: 008019

COUNTY UMDAP CERTIFICATION PERIOD FROM: _____ **TO:** _____

Approved For UMDAP By: _____ **Title:** _____

Printed Name: _____ **Date:** _____

****Please attach original prescription to the back of this form ****

FOR OFFICIAL USE ONLY

Pharmacist: Please submit online to US Script Bin # 008019

For Prescription Questions: Call US Script at (800) 460-8988

To Contact County: Please Call (559) 600-9180 between 8:00 am to 5:00 p.m.

Department of Behavioral Health
Metro Services
4441 E. Kings Canyon Road
Fresno, California 93702