



Christopher D. Rich
Clerk of the District Court

Phil McGrane
Chief Deputy

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ADDITIONAL REQUEST FORM

According to Idaho Code 31-3504(3) this form must be submitted at least 10 days prior to the services being provided

Patient's name: _____

(If minor, parent/guardian's name: _____)

List of medical condition(s) for which patient needs assistance: _____

Services being requested must be:

- Necessary medical services; and
- Based on a treatment plan previously approved by Ada County; and
- Be for same condition noted on the previously approved application; and
- Must be provided by providers listed on the previously approved application. If providers other than those previously approved are being requested a new application will be required; and
- Provided within 6 months of the filing of the previously approved application.

DO NOT USE THIS FORM FOR UNANTICIPATED COMPLICATIONS, EVEN IF RELATED TO THE ORIGINAL CONDITION. A NEW APPLICATION WILL BE REQUIRED FOR SUCH SERVICES

Information requested below must be complete:

Provider Name	Dates of Service	Type of Service	Amount
	From: / / To: / /		\$
	From: / / To: / /		\$
	From: / / To: / /		\$
	From: / / To: / /		\$
	From: / / To: / /		\$
	From: / / To: / /		\$

Printed name of person submitting this Request: _____ Phone #: _____

If provider, name of Provider: _____

Signature of person submitting request: _____ Date: _____

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Court
Ph (208) 287-6900
Fax (208) 287-6919

Auditor
Ph (208) 287-6879
Fax (208) 287-6909

Recorder
Ph (208) 287-6840
Fax (208) 287-6849

Elections
Ph (208) 287-6860
Fax (208) 287-6939

Indigent Services
Ph (208) 287-7960
Fax (208) 287-7969

ADDITIONAL REQUEST FORM INFORMATION

Please be advised that Idaho Code 31-3504(3) requires the submission of a written additional “request” for services that are related to an approved application if those services were not part of the originally approved treatment plan, but are related thereto, and will be provided within six months of the filing date of the approved application.

Attached is a form (please make as many copies as you need) we have prepared for this purpose. The form must be submitted before any services are provided. The patient or the provider can sign the form. The county will pay for no services until an investigation is completed, Findings are submitted to the Board of County Commissioners, and the Board approves the same. As you will see on the form, the law imposes several requirements for such requests. **This form must be submitted at least 10 days prior to the services being provided.**

The services to be provided must be:

- Necessary medical services; and
- Based on a treatment plan previously approved by Ada County; and
- For the same condition noted on the previously approved application; and
- Provided by providers listed on the previously approved application. If providers other than those previously approved are being requested, a new application will be required; and
- Provided within 6 months of the filing of the previously approved application.

Unanticipated complications, even if they arise from the condition being treated under the approved treatment plan, by definition could not have been included on the original treatment plan and thus will require a new application for such services.