A RAF from the member’s current PCP must be on file (DME exception, if a prescription from the PCP is received that is specific to the recommendations of the TAR). The RAF’s authorization dates must cover the requested treatment dates of service.

Please reference a sample of the paper Treatment Authorization Request Form (TAR) 50-1 attached to this instruction sheet for fillable location indicators below:

Box 2A – Provider Phone Number
Box 2B - Provider Name and Address
Box 3 – NPI
Box 4 – Patient name, Address, Phone Number
Box 5 - Member ID Number
Box 7 – Age and Sex of the Member
Box 8 - Date of Birth of the Member
Box 8A - Patient Status - AKA Type of Residence
Box 8B – Diagnosis description (ICD-9-CM Diagnosis Codes)
Box 8C – Medical Justification-Be Specific

**Note:** When submitting a TAR for continuing care, a statement of ‘continuing care’ is not enough information. Give the original medical justification and reference the previous TAR Number

Box 10A – Specific Service and Authorization Dates Requested. (Indicate name of procedure/item and your requested services dates)
Box 11 - Procedure/Drug Code
Box 12 - Quantity
Box 39A - Signature of Physician or Authorized Representative

For a more detailed description of the completions requirements, please refer to Part 2 of the EDS Medi-Cal Provider Manual under the section titled “TAR Comp”.