



EPSDT PCS DAILY SCHEDULE

Member Name: _____ Member ID Number: _____

Please specify hours for all services received by the member. This includes EPSDT PCS as well as other services such as home health aide or nurse, respite or PCA from waiver or contract, physical therapy, etc. Be sure to show times when the member is in school.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 a.m.							
7 a.m.							
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
Noon							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							
10 p.m.							
11 p.m.							
Midnight							
1 a.m.							
2 a.m.							
3 a.m.							
4 a.m.							
5 a.m.							
Comments							

Please fax this completed form to 877-271-6290 with all other required documentation to support the request for authorization of services.