Reset Form Save As

Authorization Payment History Adjustment

Regional Center: Date:

Contact Person: E-mail: Phone:

Please complete only those amounts that need to be adjusted.
The SOF code will be needed for adjustments to SOF amounts.

Authorization Number	Service Code	Sub-Code	Year/ Month	Corrected Claim Amt	SOF Code	Corrected SOF Amt	Corrected Paid Amt

Save and Send to: ast@dds.ca.gov

Or Fax to: CAPSS - Application Support Team at (916) 654-2434

CAPSS USE ONLY:	Received:	Completed:
	Completed by:	Reference No:
	cc to G/L Review Committee:	