

**Children's Medical Services (CMS) Branch  
CMS Net Class Request Form**

This form is to be used to create User Security Classes for California Children's Services counties. Please check appropriate boxes or select all if all apply and complete the following information for all requests. Please allow one week for processing requests.

Add New      County: \_\_\_\_\_ Requested by: \_\_\_\_\_ Title: \_\_\_\_\_  
 Deactivate  
 Modify      Class Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

REGISTRATION <input type="checkbox"/> Select All	ELIGIBILITY <input type="checkbox"/> Select All	EVENT TRACKING <input type="checkbox"/> Select All	MEDICAL THERAPY PROGRAM <input type="checkbox"/> Select All
<input type="checkbox"/> 1. Display Events <input type="checkbox"/> 2. Edit Duplicate / Bad Record <input type="checkbox"/> 3. Patient Registration/Edit <input type="checkbox"/> 4. Pending Transfers <input type="checkbox"/> 5. Registration Display  <div style="background-color: #d3d3d3; padding: 2px;"><b>GENERATE REQUESTS / AUTHS / CLAIMS</b></div> <input type="checkbox"/> Select All  <input type="checkbox"/> 1. Authorize Request <input type="checkbox"/> 2. Cancel Authorization <input type="checkbox"/> 3. Deny Request <input type="checkbox"/> 4. Display Request for Service <input type="checkbox"/> 5. Enter Request <input type="checkbox"/> 6. List Vendor <input type="checkbox"/> 7. Modify Request <input type="checkbox"/> 8. Paneling and Approvals <input type="checkbox"/> 9. Print Authorized Requests <input type="checkbox"/> 10. Report of Entered / Paid Claims <input type="checkbox"/> 11. Show Claims <input type="checkbox"/> 12. Table Maintenance <input type="checkbox"/> 13. Vendor Registration	<input type="checkbox"/> 1. Pending Eligibility <input type="checkbox"/> 2. Residential Worksheet <input type="checkbox"/> 3. Financial Worksheet <input type="checkbox"/> 4. Enroll / Assess Fees <input type="checkbox"/> 5. MEDS Inquiry <input type="checkbox"/> 6. Medi-Cal Coverage <input type="checkbox"/> 7. Insurance Coverage <input type="checkbox"/> 8. Healthy Families Coverage <input type="checkbox"/> 9. Medical Eligibility <input type="checkbox"/> 10. Program Eligibility <input type="checkbox"/> 11. Eligibility Tracking <input type="checkbox"/> 12. Display Eligibility Log <input type="checkbox"/> 13. Replace Beneficiary ID Card <input type="checkbox"/> 14. Client Eligibility <input type="checkbox"/> 15. Personal Injury <input type="checkbox"/> 16. Application Status	<input type="checkbox"/> 1. Application Status <input type="checkbox"/> 2. Correspondence <input type="checkbox"/> 3. Display Events <input type="checkbox"/> 4. Electronic Post-It Note <input type="checkbox"/> 5. Gener Tickler List/Batch Corresp <input type="checkbox"/> 6. Healthy Families Coverage <input type="checkbox"/> 7. Insurance Coverage <input type="checkbox"/> 8. Label Print <input type="checkbox"/> 9. Medi-Cal Coverage <input type="checkbox"/> 10. Medi-Cal Report Received <input type="checkbox"/> 11. Medi-Cal Report Req/Rec History <input type="checkbox"/> 12. Medi-Cal Report Request <input type="checkbox"/> 13. MEDS Inquiry <input type="checkbox"/> 14. MEDS Inquiry Display <input type="checkbox"/> 15. Miscellaneous Tickler Entry/Edit <input type="checkbox"/> 16. Narrative Entry/Edit <input type="checkbox"/> 17. Personal Injury Display <input type="checkbox"/> 18. Print Correspondence <input type="checkbox"/> 19. View/Print Narrative	<input type="checkbox"/> 1. Assign Clinic Schedule <input type="checkbox"/> 2. Batch Corresp Generation <input type="checkbox"/> 3. Blank PTR Print <input type="checkbox"/> 4. Correspondence <input type="checkbox"/> 5. Create and Transmit PTR Claim <input type="checkbox"/> 6. Display Events <input type="checkbox"/> 7. Gener Tickler List / Batch Corresp <input type="checkbox"/> 8. Medical Report Received <input type="checkbox"/> 9. Medical Report Req/Rec History <input type="checkbox"/> 10. Medi-Cal Report Request <input type="checkbox"/> 11. Miscellaneous Tickler <input type="checkbox"/> 12. Modify / Print PTR Rate Table <input type="checkbox"/> 13. Narrative Entry / Edit <input type="checkbox"/> 14. Patient Therapy Record <input type="checkbox"/> 15. Query MTU Reports <input type="checkbox"/> 16. Registration at MTU <input type="checkbox"/> 17. Table Maintenance <input type="checkbox"/> 18. Vendor Registration <input type="checkbox"/> 19. View / Print Narrative
<div style="background-color: #d3d3d3; padding: 2px;"><b>SYSTEM MAINTENANCE</b></div> <input type="checkbox"/> Select All  <input type="checkbox"/> 1. Generate Batch Correspond <input type="checkbox"/> 2. Letter Control Modify / Display <input type="checkbox"/> 3. Management Reports <input type="checkbox"/> 4. Table Maintenance <input type="checkbox"/> 5. Word Processor <input type="checkbox"/> 6. Free Busy Patient Record	<div style="background-color: #d3d3d3; padding: 2px;"><b>VIEW ONLY PRIMARY OPTIONS</b></div> <input type="checkbox"/> Select All  <input type="checkbox"/> 1. Change Access Code <input type="checkbox"/> 2. Display Eligibility Log <input type="checkbox"/> 3. Electronic Post-It Note <input type="checkbox"/> 4. Eligibility <input type="checkbox"/> 5. Track Surrogate Transact	<p><b>Print the form and return to:</b>                      Information Technology                      CMS Branch, MS 8106                      P.O. Box 997413                      Sacramento, CA 95899-7413                      Email: <a href="mailto:cmshelp@dhcs.ca.gov">cmshelp@dhcs.ca.gov</a>                      Fax: 916-327-0997</p>	<p><b>Questions?</b>                      Contact the CMS Net Help Desk at:                      Email: <a href="mailto:cmshelp@dhcs.ca.gov">cmshelp@dhcs.ca.gov</a>                      Phone: (916) 327-2378 or                      (866) 685-8449                      Fax: (916) 327-0997</p>