

Exceptions & Out of Network Request Form

Home State Health
 Phone: 1-855-694-4663
 Fax: 855-286-1811

Show Me Healthy Kids
 Phone: 877-236-1020
 Fax: 833-924-2511

Show Me Healthy Kids

MANAGED BY HOME STATE HEALTH



home state health.

Date of Request:

Member Information

Member's First Name:	Member's Last Name	Member's Middle Initial:
Member's Medicaid ID:	Date of Birth:	Phone #:

Other Insurance Carrier (if applicable):	Policy # (if known):
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Is a home health agency making skilled nurse visits?
 YES NO

If YES, list agency name:	if YES, list agency phone number:
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List all appropriate alternative covered services attempted and found ineffective for the above diagnosis:

CPT Code: (required)	Place of Service:	Description:	Number of units: (including daily quantity)	Duration of need:

Servicing Provider (provider who will dispense and bill for services)

Provider Name:

Address:

Provider Phone:	Provider Fax:	Servicing Provider ID#:	NPI:	TIN:
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Referring Provider

Referring Provider Name:	Referring Provider Address:
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Contact Person's Name:	Contact Phone Number:	Contact Fax Number:
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Referring Provider ID#:	NPI:	TIN:
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Doctor's Original Signature (no stamps or photocopies):

**** ALL CLINICAL INFORMATION TO SUPPORT REQUESTED SERVICES IS REQUIRED TO BE SUBMITTED WITH THIS FORM ****