

EDMS COVER SHEET

Name: _____ Date: _____ No. of Pages: _____ (Including this cover sheet)
Phone: _____

Document Type: _____

- Provider Recipient Correspondence Prior authorization Supporting documents for claim
 Accounts receivable Payment deduction Expenditure Hospital cost settlement
 LTC cost settlement Declaration of election of hospice benefit Attending physician written certification
 Revocation of hospice benefit Statement of termination of hospice benefit
 Selection of a different hospice provider IDG written certification Programs
 RetroDUR profile RetroDUR survey RetroDUR reports RetroDUR other documents

Sub Categories for Prior Authorization Documents

- Compression Garments Decubitus Care Equipment Dental Dressings, Surgical
 Enteral Nutrition & Supplies EPSDT Hospital Beds Hospital Inpatient Hospital Outpatient Hearing Aids
 Incontinence Supplies Increased State Plan Home Health Misc Equipment Orthodontics Orthotics (MTA)
 Orthotics/Prosthetics (Nurses) PDN Repairs Respiratory (MTA) Respiratory (Nurses)
 Supplies (Misc) Speech Generating Devices Transportation Therapies Vision Wheelchairs Others

Index Field & Values (if applicable): _____

ATN: _____ Recipient ID: _____ Prior Authorization Number: _____
NPI: _____ Medicaid Provider ID: _____
Use only if you do not have NPI.
ICN: _____ Contact Tracking Number: _____
Financial Record Number: _____ Status: _____ Program Control Number: _____
Hospice Enrollment ID: _____ Hospice Attachment ID: _____ Intervention ID: _____

Confidentiality Notice: _____

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