



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 MO HEALTHNET DIVISION  
**DIABETIC SUPPLIES PRIOR AUTHORIZATION**

RETURN TO: EDIT AUTHORIZATION  
 MO HEALTHNET DIVISION  
 PO BOX 4900  
 JEFFERSON CITY, MO 65102-4900

**PLEASE PRINT OR TYPE.**  
**ALL REQUIRED INFORMATION MUST BE SUPPLIED OR THE REQUEST CANNOT BE PROCESSED.**  
 1-800-392-8030 FAX: 573-636-6470

<input type="checkbox"/> <b>INITIAL REQUEST</b> <input type="checkbox"/> <b>RENEWAL REQUEST</b>		PARTICIPANT MO HEALTHNET NUMBER	
PARTICIPANT NAME		DATE OF BIRTH	
DIAGNOSIS			
REQUESTED PRODUCT	NDC NUMBER/HCPCS CODE	QUANTITY	
PRESCRIBING DIRECTIONS			
IS THE PATIENT CURRENTLY USING THE REQUESTED PRODUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOW LONG HAS THIS PRODUCT BEEN USED BY PATIENT?		DURATION OF NEED	
LIST ALL OTHER COVERED SUPPLIES PREVIOUSLY TRIED AND FAILED.			
PROVIDE DETAILED REASON REFERENCE PRODUCTS ARE NOT BEING UTILIZED.			
NAME OF <b>PRESCRIBING</b> PHYSICIAN OR APN		MO HEALTHNET PROVIDER IDENTIFIER (OR DEA NUMBER)	PROVIDER TAXONOMY CODE
ADDRESS		TELEPHONE NUMBER (    )	FAX NUMBER (    )
NAME OF PHARMACY AND CONTACT PERSON		MO HEALTHNET PROVIDER IDENTIFIER	PROVIDER TAXONOMY CODE
ADDRESS		TELEPHONE NUMBER (    )	FAX NUMBER (    )