



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
 EXCEPTIONS UNIT
MO HEALTHNET EXCEPTION REQUEST

RETURN TO: ATTN EXCEPTIONS UNIT
 MO HEALTHNET DIVISION
 PO BOX 6500
 JEFFERSON CITY MO 65102-6500
 FAX NO: 573-522-3061

ALL INFORMATION MUST BE SUPPLIED OR THE REQUEST WILL BE RETURNED

FOR LIFE THREATENING EMERGENCIES CALL 1-800-392-8030

PLEASE TYPE OR PRINT

PARTICIPANT NAME		DATE OF BIRTH
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PARTICIPANT MO HEALTHNET NUMBER (DCN)	SOCIAL SECURITY NUMBER
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PARTICIPANT DIAGNOSES (MUST RELATE TO ITEM(S) OR SERVICE(S) REQUESTED)

LIST ALL APPROPRIATE ALTERNATIVE COVERED SERVICES ATTEMPTED AND FOUND INEFFECTIVE FOR THIS DIAGNOSIS.

IS A HOME HEALTH AGENCY MAKING SKILLED NURSE VISITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY NAME
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REQUESTED ITEM(S) OR SERVICE(S) (INCLUDING DAILY QUANTITY) AND HCPCS CODE FOR EACH REQUESTED ITEM.

DURATION OF NEED

MO HEALTHNET PROVIDER WHO WILL BE DISPENSING AND BILLING FOR SERVICES (EX. DME PROVIDER)

NAME		TELEPHONE NUMBER
ADDRESS		FAX NUMBER
	MO HEALTHNET PROVIDER IDENTIFIER	PROVIDER TAXONOMY CODE

PRINT OR TYPE DOCTOR'S NAME OR ADVANCED PRACTICE NURSE'S (APN) NAME AND TITLE	TELEPHONE NUMBER
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PRINT OR TYPE DOCTOR'S ADDRESS OR APN'S ADDRESS	FAX NUMBER
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DOCTOR'S ORIGINAL SIGNATURE, OR APN'S ORIGINAL SIGNATURE AND TITLE (NO STAMPS OR PHOTOCOPIES)	DATE
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