



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
REQUEST FOR BACKDATE

RETURN TO: PHARMACY ADMIN
 MO HEALTHNET DIVISION
 PO BOX 6500
 JEFFERSON CITY MO 65102-6500

*****THIS IS NOT A PHARMACY CLAIM FORM.*****

THERE MUST BE A DENIED CLAIM SUBMITTED TO MO HEALTHNET FOR THE REVIEW PROCESS TO BEGIN.

ALL REQUIRED INFORMATION MUST BE SUPPLIED OR THE REQUEST CANNOT BE PROCESSED.

TELEPHONE: (573) 751-6963 FAX: (573) 522-1264

PLEASE CHECK ONE <input type="checkbox"/> Initial Request <input type="checkbox"/> Duplicate Request				CURRENT DATE	
PROVIDER NAME		MO HEALTHNET PROVIDER IDENTIFIER OR NPI		PROVIDER TAXONOMY CODE	
CONTACT NAME			TELEPHONE NUMBER		FAX NUMBER
CONTACT MAILING ADDRESS (INCLUDING CITY, STATE AND ZIP CODE)					
PARTICIPANT NAME		DCN		DATE OF BIRTH	
DATE OF SERVICE	DRUG NAME/STRENGTH		NDC	PRESCRIPTION NUMBER	SUBMITTED CHARGE
DIAGNOSIS				DATE DRUG WAS FIRST USED	
NAME OF PRESCRIBING PHYSICIAN				PHYSICIAN DEA NO. OR MO HEALTHNET PROVIDER NO.	
LIST ALL OTHER RELATED MEDICATIONS PREVIOUSLY TRIED INCLUDING LENGTH AND DATES OF EACH					
DETAILED EXPLANATION FOR WHY THE OVERRIDE WAS NOT OBTAINED PRIOR TO DISPENSING THE THERAPY					
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