



DIABETIC SUPPLIES PRIOR AUTHORIZATION

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

Please print or type. All information must be supplied or the request will not be processed. For questions, call (800) 392-8030.
Return this completed form by fax to (573) 636-6470.

Participant Information

Participant Name, Participant MO HealthNet Number, Date of Birth, Choose One: Initial Request, Renewal Request

Diagnosis Information

Diagnosis

Requested Product Information

Requested Product, NDC Number/HCPSC Code, Quantity

Prescribing Directions

Is the patient currently using the requested product?, 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

Provide detailed reason alternatives were discontinued or not utilized

Prescriber Information

Prescriber name and specialty, Prescriber Provider NPI

Prescriber Telephone Number, Prescriber Fax Number, Prescriber Other Contact Information

Name, title and credentials of person completing form

Telephone Number of person completing form, Fax Number of person completing form, Other contact info of person completing form

Signature of person completing form, Date