



State of Missouri MO HealthNet



Nursing Home Claim

If you are not , please logout

Logout

User:

Provider Identifier (NPI):

Taxonomy Code: N/A

Participant Header			
Last Name *	First Name *	Participant ID *	Participant Account
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Participant Details

	Service Date (mm/dd/ccyy) *	Revenue Code *	Diagnosis Code *	Other Payer(s)	Payment Amount
	Service Thru Date (mm/dd/ccyy) *	Participant Status *			
	Original Reference Number	Frequency Code	Total Service Days		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	1-Original	0	<input type="text"/>	<input type="text"/>

Add Detail Line

Delete Detail Line

Insert Detail Line

Validate & Submit

Validate & Print

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