



Mo HealthNet Prior Authorization Supporting Documents Cover Sheet

This form **MUST** be completed and accompany **mailed** or **faxed** supporting documentation for a Prior Authorization submitted using the X12 278 Request. Documentation must be received within 14 calendar days of submission of the corresponding X12 278 Request.

Contact Information:

Date: _____

Name: _____

Address: _____

Telephone #: _____ Fax #: _____

Prior Authorization number: *This is the number received in the X12 278 Response Loop 2000E / REF02*
(Required)

Place this completed form on top of the attachment(s) for each request

DME Fax to: 1-573-659-0207

Non-DME Mail to: Infocrossing Healthcare Services, Inc.
PO Box 5700
Jefferson City, MO 65102

For questions please call Provider Communications at 1-573-751-2896