



**PROFESSIONAL/DENTAL CLAIM DOCUMENTATION
REVIEW AREA
FAX COVER
FAX: 866-584-8081**

TO: Professional Claims Review Unit, Medicaid Payments Division-Claims Processing
Bureau of Medicaid Financial Management, Medical Services Administration
Department of Community Health, State of Michigan

Completion of all highlighted fields is required.

FROM:

Group/Individual Name:	
NPI Number:	
Provider Type and ID Number, if applicable: (i.e., TTDDDDDDDD)	
Patient Medicaid ID Number:	
Date of Service:	
Contact Person Name/ Position:	
Contact Person's Phone Number:	
Contact Person's Fax Number:	
Number of Pages (Including Cover Page):	

**DOCUMENTATION TYPE INCLUDED
(Check All that Apply)**

- | | |
|--|--|
| <input type="checkbox"/> AMBULANCE INFORMATION
<input type="checkbox"/> BILLING TIME LIMIT/REMITTANCE ADVICE/CRN'S
<input type="checkbox"/> HIGH COST CHARGES MANUFACTURER INFORMATION
<input type="checkbox"/> MEDICAL RECORDS <ul style="list-style-type: none"> <input type="checkbox"/> ADMIT/DISCHARGE REPORT <input type="checkbox"/> ER REPORT <input type="checkbox"/> HISTORY AND PHYSICAL <input type="checkbox"/> IMAGING AND DIAGNOSTIC SERVICES REPORT <input type="checkbox"/> LABOR & DELIVERY NOTES <input type="checkbox"/> OP REPORT <input type="checkbox"/> PATHOLOGY REPORT | <input type="checkbox"/> MEDICARE EOB AND/OR OTHER INSURANCE INFORMATION
<input type="checkbox"/> NDC DRUG DOSING AND COST INFORMATION
<input type="checkbox"/> PRIOR AUTHORIZATION
<input type="checkbox"/> ABORTION FORMS (MSA-4240 & MSA-1550) |
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Any Questions, call MDCH Provider Inquiry: 1-800-292-2550

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