



**PREDICTIVE MODELING CLAIM DOCUMENTATION
REVIEW AREA
FAX COVER
FAX: 855-248-2333**

TO: Predictive Modeling Claims Review, Medicaid Payments Division-Claims Processing
Bureau of Medicaid Operations
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)	
Transaction Control Number (TCN):	
Patient Medicaid ID Number:	
Date of Service:	
Contact Person's Name and 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"/> OTHER | <input type="checkbox"/> MEDICAL RECORDS
<input type="checkbox"/> ADMIT/DISCHARGE REPORT
<input type="checkbox"/> ANESTHESIA RECORDS
<input type="checkbox"/> DIAGNOSTIC TESTS - Including orders/results for Laboratory, Pathology, Radiology
<input type="checkbox"/> DISCHARGE SUMMARY
<input type="checkbox"/> ER REPORT
<input type="checkbox"/> HISTORY AND PHYSICAL
<input type="checkbox"/> INFUSION FLOW SHEETS
<input type="checkbox"/> LABOR & DELIVERY NOTES
<input type="checkbox"/> MEDICATION ADMINISTRATION LOGS
<input type="checkbox"/> OFFICE TREATMENT RECORDS/CONSULTATION REPORTS
<input type="checkbox"/> OPERATIVE REPORT
<input type="checkbox"/> PRESCRIPTIONS
<input type="checkbox"/> RECOVERY ROOM RECORDS |
|--|--|

Any Questions, call MDCH Provider Inquiry: 1-800-292-2550

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