

FORMS AVAILABLE TO PROVIDERS

FORM #	TITLE	UNIT PACKAGE
ENV-96	X-RAY ENVELOPE	25/PK
ENV-320	MAILING ENVELOPE	25/PK, 500/CTN
MA-3	ABORTION CONSENT	25/PK
MA 3-S	ABORTION CONSENT (SPANISH)	25/PK
MA-30	HYSTERECTOMY CONSENT, ENGLISH & SPANISH	25/PK
MA-31	STERILIZATION CONSENT	100/PK
MA-31SP	STERILIZATION CONSENT (SPANISH)	25/PK
MA-51	MEDICAL EVALUATION - PLAN OF CARE	25/PK
MA-61	PHARMACY FORM - NDC	25/PK
MA-79	SKILLED NURSING CARE ASSESSMENT FORM	100/PK
MA-91	ENCOUNTER FORM	25/PK
MA-96	ORTHODONTIC PRIOR AUTHORIZATION REQUEST	25/PK
MA-97	MEDICAL SUPPLIES PRIOR AUTHORIZATION REQUEST	25/PK
MA-97C	MEDICAL SUPPLIES PRIOR AUTHORIZATION REQUEST, CONT.	1000/CTN
MA-98	DENTAL PRIOR AUTHORIZATION REQUEST	25/PK
MA-98C	DENTAL PRIOR AUTHORIZATION REQUEST, CONT.	1000/CTN
MA-103	UR/ATTENDING PHYSICIAN REQUEST	100/PK
MA-112	NEWBORN ELIGIBILITY FORM	25/PK
MA-116	HOSPITAL TRANSMITTAL FOR DRG DAY OUTLIER REQUESTS	50/PK
MA-226	BATCH CONTROL TRANSMITTAL	100/PK
MA-300D	DENTAL SERVICE INVOICE	100/PK, 500/CTN
MA-300DA	DENTAL SERVICES CLAIM ADJUSTMENT	25/PK, 500/CTN
MA-300DC	DENTAL SERVICE INVOICE, CONT.	1000/CTN
MA-300X	M.A. PROVIDER ORDER FORM	12/PK
MA-301	SALZMANN EVALUATION-ORTHODONTIC	25/PK
MA-302	DRUG INVOICE (PHARMACY)	100/PK, 500/CTN
MA-302A	DRUG CLAIM ADJUSTMENT	25/PK, 500/CTN
MA-302C	DRUG INVOICE (PHARMACY), CONT.	1000/CTN
MA-307	SIGNATURE TRANSMITTAL FORM	25/PK
MA-309C	LONG TERM CARE INVOICE, CONT.	1000/CTN
MA-312	HOME-HEALTH SER. AUTH.-DURABLE/MEDICAL EQUIP.	25/PK
MA-313C	RESOURCE COMPUTATION, CONT.	1000/CTN
MA-314	ELIGIBILITY DETERMINATION	100/PK, 500/CTN
MA-319	PHY/MED SVCS/SUPPLIES INVOICE (2-PART)	100/PK, 500/CTN
MA-319-1	PHY/MED SVCS/SUPPLIES INVOICE (1-PART)	500/CTN
MA-319A	PHY/MED SVCS/SUPP. CLAIM ADJUSTMENT	25/PK, 500/CTN
MA-319C	PHY/MED SVCS/SUPPLIES INVOICE (2-PART, CONT)	1000/CTN
MA-319C-1	PHY/MED SVCS/SUPPLIES INVOICE (1-PART, CONT)	1000/CTN
MA-325	1150 ADMINISTRATIVE WAIVER REQUEST	50/PK
MA-332	PRESUMPTIVE ELIGIBILITY APPLICATION	100/PK
MA-368	RECIPIENT STATEMENT FORM	25/PK
MA-368-S	RECIPIENT STATEMENT FORM, SPANISH	25/PK
MA-369	RECIPIENT STATEMENT FORM (INCEST UNDER AGE 18)	25/PK
MA-369S	RECIPIENT STATEMENT FORM (INCEST UNDER AGE 18), SPANISH	25/PK
MA-372	CERTIFICATION OF TERMINAL ILLNESS	25/PK, 500/CTN
MA-373	ELECTION OF HOSPICE CARE	25/PK, 500/CTN
MA-374	CHANGE OF HOSPICE PROVIDER	25/PK, 500/CTN
MA-375	REVOCATION OF HOSPICE CARE	25/PK, 500/CTN
MA-399	SERVICE COORDINATION PLAN	25/PK, 500/CTN
MA-400	CASE MANAGEMENT ACTIVITY LOG	50/PK, 500/CTN
MA-401	RIGHTS OF NURSING FACILITY RESIDENTS	100/PK
MA-401S	RIGHTS OF NURSING FACILITY RESIDENTS (SPANISH)	100/PK
MA-402	HB PLUS LETTER OF AGREEMENT	100/PK
MA-403	HB PLUS CARE COORDINATION PACKAGE	25/PK
MA-436	EPSDT ENROLLMENT FORM	100/PK
MA-436S	EPSDT ENROLLMENT FORM, SPANISH	50/PK
MA-464	EVS RESPONSE WORKSHEET	100/PK
MA-467	TEMPORARY NEWBORN ELIGIBILITY AUTHORIZATION	50/PK
MA-791C	STATE MATCH VERIFICATION, CONT.	1000/CTN
PA-4	AUTHORIZATION FOR RELEASE OF INFORMATION	500/CTN
PA-600C	ACCESS TO MEDICAL ASSISTANCE	50/PK
PA-600P	APPLICATION FOR BENEFITS	100/PK
PA-1558	TO AVOID DELAYS OR CANCELLATION OF BENEFITS	100/PK
PA-1572	RESOURCE ASSESSMENT	50/PK
PA-1615	OUTSTATIONING VERIFICATION CHECKLIST	100/PK
PA-1616	OUTSTATIONING PROVIDER CHECKLIST	100/PK
PUB-159	PROTECTING YOUR SPOUSE'S RESOURCES	50/PK
SS-5	APPLICATION FOR SOCIAL SECURITY NO. CARD	100/PK, 1800/CTN

MEDICAL ASSISTANCE PROVIDER ORDER FORM

TO RECEIVE YOUR SHIPMENT PROMPTLY, WE MUST HAVE YOUR CORRECT SHIPPING ADDRESS. IF THE PREPRINTED ADDRESS BELOW IS NOT YOUR CURRENT SHIPPING ADDRESS, PLEASE INDICATE YOUR NEW OR CURRENT ADDRESS IN THE "SHIP TO A DIFFERENT ADDRESS" BOX. **YOU MUST USE A STREET ADDRESS RATHER THAN A P.O. BOX NUMBER.** ALSO, INCLUDE THE NAME AND TELEPHONE NUMBER OF THE PERSON RESPONSIBLE FOR RECEIVING YOUR SHIPMENTS.

THE FORMS LISTED ARE CURRENTLY AVAILABLE FOR ORDERING. YOU MAY ORDER A THREE TO SIX MONTH SUPPLY OF EACH FORM. LISTED BESIDE EACH FORM NAME IS THE UNIT QUANTITY AVAILABLE FOR ORDERING. **TO PLACE AN ORDER, PLEASE FILL IN THE FORM NUMBER AND THE QUANTITY DESIRED IN THE BOX LOCATED BELOW IN THE LOWER RIGHT HAND CORNER.**

SEE REVERSE SIDE FOR MORE DETAILED INSTRUCTIONS.

TO MAIL THIS ORDER - REMOVE THE CARD ON PART 2 AT THE PERFORATION, APPLY POSTCARD POSTAGE, AND PLACE IT IN THE MAIL. RETAIN THE FIRST PART FOR YOUR RECORDS.

PROVIDER M.A.I.D. #	PROVIDER TYPE	ORDER NUMBER	RELEASE #
		00098258	PICK TICKET #

CURRENT PROVIDER SHIPPING ADDRESS
(must include street address)

ATTENTION _____ TELEPHONE NO. _____

SHIP TO A DIFFERENT ADDRESS

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

ATTENTION _____ TELEPHONE NO. _____

PLACE YOUR ORDER IN THE BLOCKS BELOW

FORM NUMBER	QUANTITY/PACK	FORM NUMBER	QUANTITY/PACK