

MEDICAL ASSISTANCE PROVIDER ORDER FORM

FORMS AVAILABLE TO PROVIDERS

FORM#	TITLE	UNIT PACKAGE
ENV-98	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, 500/CTN
MA-61	PHARMACY FORM - NDC	25/PK
MA-79	SKILLED NURSING CARE ASSESSMENT FORM	1000/PK
MA-91	ENCOUNTER FORM	25/PK
MA-96	ORTHODONTIC PRIOR AUTHORIZATION REQUEST	25/PK
MA-97	OUTPATIENT SERVICES AUTHORIZATION REQUEST	25/PK
MA-97C	OUTPATIENT SERVICES AUTH. REQUEST, Cont.	1000/CTN
MA-98	DENTAL PRIOR AUTHORIZATION REQUEST	25/PK
MA-98C	DENTAL PRIOR AUTHORIZATION REQUEST, Cont.	1000/CTN
MA-103	LONG TERM CARE & DISCHARGE TRANSMITTAL	1000/PK
MA-112	NEWBORN ELIGIBILITY FORM	25/PK
MA-116	HOSPITAL TRANSMITTAL/DRG DAY OUTLIER REQ.	50/PK
MA-226	BATCH CONTROL TRANSMITTAL	1000/PK
MA-300D	DENTAL SERVICES INVOICE	100/PK, 500/CTN
MA-300DA	DENTAL SERVICES CLAIM ADJUSTMENT	25/PK, 500/CTN
MA-300DC	DENTAL SERVICES INVOICE, Cont.	1000/CTN
MA-300X	M.A. PROVIDER ORDER FORM	12/PK
MA-301	ORTHODONTIC DECISION CHECKLIST	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/MED. EQUIP.	25/PK
MA-313C	RESOURCE COMPUTATION, Cont.	1000/CTN
MA-314	ELIGIBILITY DETERMINATION	100/PK, 500/CTN
MA-319	MEDICAL SERVICES INVOICE (2-Part)	100/PK, 500/CTN
MA-319-1	MEDICAL SERVICES INVOICE (1-Part)	500/CTN
MA-319A	MEDICAL SERVICES CLAIM ADJUSTMENT	25/PK, 500/CTN
MA-319C	MEDICAL SERVICES INVOICE (2-Part, Cont.)	1000/CTN
MA-319C-1	MEDICAL SERVICES 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	25/PK
MA-368-S	RECIPIENT STATEMENT, Spanish	25/PK
MA-369	RECIPIENT STATEMENT (INCEST UNDER AGE 18)	25/PK
MA-369-S	RECIPIENT STATEMENT (INCEST UNDER AGE 18), Span.	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	REVOCAION OF HOSPICE CARE	25/PK, 500/CTN
MA-376	PREADMISSION SCREENING ANNUAL RESID.REV.	25/PK
MA-376.2	PREADMISSION SCREENING INSTRUMENT	25/PK
MA-399	SERVICE COORDINATION PLAN	25/PK, 500/CTN
MA-400	CASE MANAGEMENT ACTIVITY LOG	50/PK, 500/CTN
MA-401	ADMISSIONS NOTICE PACKET (NURSING HOMES)	100/CTN
MA-401-S	ADMISSIONS NOTICE PK. (NURSING HOMES), Span.	25/PK
MA-402	HB PLUS LETTER OF AGREEMENT	100/PK
MA-403	HB PLUS CARE COORDINATION PACKAGE	25/PK
MA-408	TARGET RESIDENT REPORTING FORM	25/PK
MA-436	EPSDT ENROLLMENT FORM	100/PK
MA-436-S	EPSDT ENROLLMENT FORM, Spanish	50/PK
MA-464	EVS RESPONSE WORKSHEET	100/PK
MA-468	DELUXE FRAMES	25/PK
MA-467	TEMPORARY NEWBORN ELIGIBILITY AUTHOR.	50/PK
MA-503	HEALTHCHOICES MANAGED CARE PROG.TRAN. FORM	25/PK
MA-791C	STATE MATCH VERIFICATION, Cont.	1000/CTN
PA-4	AUTHORIZATION FOR RELEASE OF INFORMATION	100/PK, 500/CTN
PA-600CH	APPLICATION FOR HEALTH CARE	50/PK, 400/CTN
PA-600CH-S	APPLICATION FOR HEALTH CARE, SPANISH	50/PK, 400/CTN
PA-600L	MA (MEDICAID) FINANCIAL ELIGIBILITY APPL.	100/PK
PA-600P	APPLICATION FOR BENEFITS	100/PK

FORM#	TITLE	UNIT PACKAGE
PA-1558	AVOID DELAYS OR CANCELLATION OF BENEFITS	100/PK
PA-1572	RESOURCE ASSESMENT	50/PK
PA-1572-S	RESOURCE ASSESMENT, Spanish	25/PK
PA-1615	OUTSTATIONING VERIFICATION CHECKLIST	100/PK
PA-1616	OUTSTATIONING PROVIDER CHECKLIST	100/PK
PA-1663	EMPLOYABILITY ASSESSMENT FORM	100/PK
PA-1666	GA CRIMINAL HISTORY INQUIRY, English & Spanish	100/PK
PA-1671	HEALTH-SUSTAINING MEDICATION ASSES. FORM	100/PK
PUB-159	PROTECTING YOUR SPOUSE'S RESOURCES	50/PK
PUB-332	MA ESTATE RECOVERY PROGRAM	100/PK
PUB-332-S	MA ESTATE RECOVERY PROGRAM, Spanish	25/PK
SS-5	APPLICATION FOR SOCIAL SECURITY NO. CARD	100/PK, 1800/CTN

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 PART TWO FOR MORE DETAILED INSTRUCTIONS

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

PROVIDER M.A.I.D. #	PROVIDER TYPE	ORDER NUMBER 00504522	RELEASE #
			PICK TICKET #

CURRENT PROVIDER SHIPPING ADDRESS
(Must include street address—we do not ship to a PO Box #.)

ATTENTION _____ TELEPHONE NO. _____

SHIP TO A DIFFERENT ADDRESS
(This address change applies to this request only.)

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