

CHAPTER 22: FEDERALLY QUALIFIED HEALTH CENTERS

APPENDIX B: FORMS

PAGE(S) 1

FORMS

BHSF Form 159-A
Rev. 07/94
Prior Issues UsableMolina for
Louisiana's Medicaid Program
P. O. Box 14919
Baton Rouge, LA 70898-4919

PHYSICIAN OUTPATIENT VISIT EXTENSION FORM

(Instructions for completion are on the reverse side of this form.)

I. TREATING PHYSICIAN - Complete this Section:			
			Date _____
Approval of additional EMERGENCY or LIFE-SUSTAINING physician outpatient visits is being requested for:			
Patient's Name _____		DOB _____	Sex _____
Medicaid Identification Number _____		Social Security Number _____	
Provide a specific DIAGNOSIS CODE for each EMERGENCY or LIFE-SUSTAINING visit extension request. Attach documentation of nature of emergency (Pathology report, clinical notes, etc.)			
1.	Date of Visit _____	Diagnosis _____	Treatment _____
2.	Date of Visit _____	Diagnosis _____	Treatment _____
3.	Date of Visit _____	Diagnosis _____	Treatment _____
4.	Date of Visit _____	Diagnosis _____	Treatment _____
5.	Date of Visit _____	Diagnosis _____	Treatment _____
6.	Date of Visit _____	Diagnosis _____	Treatment _____
7.	Date of Visit _____	Diagnosis _____	Treatment _____
8.	Date of Visit _____	Diagnosis _____	Treatment _____
9.	Date of Visit _____	Diagnosis _____	Treatment _____
10.	Date of Visit _____	Diagnosis _____	Treatment _____
11.	Date of Visit _____	Diagnosis _____	Treatment _____
Physician's Name, Address & Vendor No: <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 5px;"></div>			
Signature of Treating Physician _____			
II. Molina - Prior Authorization Unit Use Only			
<input type="checkbox"/> Extension of physician outpatient visits is approved for			
Date of Visit _____	Date of Visit _____	Date of Visit _____	Date of Visit _____
Date of Visit _____	Date of Visit _____	Date of Visit _____	Date of Visit _____
Date of Visit _____	Date of Visit _____	Date of Visit _____	Date of Visit _____
<input type="checkbox"/> Extension(s) not approved for _____			
because _____			
Date _____			
Signature of Reviewing Physician _____			

PHYSICIAN COPY