

CHAPTER 40: RURAL HEALTH CLINICS

APPENDIX B: FORMS

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FORMS

BHSF Form 158-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. _____	Diagnosis _____	Treatment _____
2. _____	Diagnosis _____	Treatment _____
3. _____	Diagnosis _____	Treatment _____
4. _____	Diagnosis _____	Treatment _____
5. _____	Diagnosis _____	Treatment _____
6. _____	Diagnosis _____	Treatment _____
7. _____	Diagnosis _____	Treatment _____
8. _____	Diagnosis _____	Treatment _____
9. _____	Diagnosis _____	Treatment _____
10. _____	Diagnosis _____	Treatment _____
11. _____	Diagnosis _____	Treatment _____
Physician's Name, Address & Vendor No: <div style="border: 1px solid black; height: 60px; width: 100%;"></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 _____
<input type="checkbox"/> Extension(s) not approved for _____ because _____		
Date _____	Signature of Reviewing Physician _____	

PHYSICIAN COPY