



MSHO Supplemental Benefit Authorization Request

FYI For MSHO members who do not qualify for Elderly Waiver. Incomplete, illegible or inaccurate forms will be returned to Care Manager.

* This form can also be used to terminate MSHO Supplemental Services



Fax form and any relevant documentation to:
612-884-2185 or **1-866-402-5018**



For questions, **call: 612-676-6705**
Email: CLSintake@ucare.org

MEMBER INFORMATION	Member Name _____ Member ID _____
	Care Coordinator Name _____ Phone Number _____
	Care Coordinator Email _____ Fax _____
SERVICE/PROCEDURE/ ITEMS REQUESTED	SERVICE AGREEMENT
	Service Description _____
	Start Date _____ End Date _____
	Negotiated Rate _____
	Provider Name _____ NPI _____
	Provider Phone _____ Fax _____
	Please use this comment field to add a detailed description of the T2029 Bath/Safety Equipment or explanation of your DTR request.
SERVICE/PROCEDURE/ ITEMS REQUESTED	SERVICE AGREEMENT
	Service Description _____
	Start Date _____ End Date _____
	Negotiated Rate _____
	Provider Name _____ NPI _____
	Provider Phone _____ Fax _____
	Please use this comment field to add a detailed description of the T2029 Bath/Safety Equipment or explanation of your DTR request.

MSHO Supplemental Benefit Authorization (continued)

SERVICE/PROCEDURE/ ITEMS REQUESTED	SERVICE AGREEMENT
	<p>Service Description _____</p> <p>Start Date _____ End Date _____</p> <p>Negotiated Rate _____</p> <p>Provider Name _____ NPI _____</p> <p>Provider Phone _____ Fax _____</p> <p>Please use this comment field to add a detailed description of the T2029 Bath/Safety Equipment or explanation of your DTR request.</p>

Note: This form can also be used to terminate MSHO Supplemental Services.