

Molina Mississippi Hospital Worksheet

Member's Name:

Member's DOB:

Member's ID Number:

Provider's Name:

Facility Name:

Dental Services Anticipated:

Type of Failed Attempt:

Special Health Care Needs:

(Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs.)

Anticipated DOS:

Contact Name:

Contact Email:

Contact Fax:

Avesis Authorization Number:

Avesis Authorization Date:

