HEALTH NET FEDERAL SERVICES
A Wholly-Owned Subsidiary of Centene Corporation

VA Patient-Centered Community Care and Veterans Choice Program

Medical Documentation Cover Sheet

This form should be completed electronically or legibly in blue or black ink. All fields are required, unless otherwise noted.

Fax to: 1-855-300-1705

Authorization Number

(Example: 20160920Authorization000000)	

Veteran Information

First Name:					
Last Name:					
Last 4 of SSN:		Date of Birth:		Gender:	☐ Male ☐ Female

Rendering Provider Information

NPI:			
Name:			
Phone:		Fax:	

Service Details

Date(s) of Service:			
Appointment Type:	☐ First ☐ Additional ☐ Last		
Specialty:			
Service Type:	☐ Outpatient ☐ Inpatient	Discharge Date: *(If service was inpatient)*	

Critical Findings

Critical findings are test result values or interpretations that, if left untreated, could be life threatening or place the Veteran at serious health risk. If critical findings are identified, please complete this section.

Critical findings criteria:

- the need for urgent follow-up care in addition to or after completion of the authorized episode of care;
- the need for urgent treatment from the referring U.S. Department of Veterans Affairs (VA) provider
- time sensitive results from outpatient imaging/laboratory testing during evaluation or treatment;
- newly-identified suicide risk in a Veteran not referred for inpatient mental health; or
- a new diagnosis of cancer

Are critical findings attached?	☐ Yes ☐ No
Was this reported to VA?	☐ Yes ☐ No
If yes, name of VA Medical Center (VAMC):	
Date reported to VAMC:	

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