

MISSOURI CARE LOG SHEET

FAX: 1866-946-2052

www.missouricare.com



FACILITY NAME:		Facility ID #:			Facility NPI:		UR CONTACT NAME:	
UR CONTACT PHONE NUMBER:					UR CONTACT FAX NUMBER: (For Authorization)			
IP / OBS / Labor Check	ADMIT DATE	MEMBER NAME	DOB	MEDICAID NUMBER	DIAGNOSIS CODE	ADMITTING PHYSICIAN	NPI #	

*****Notification for all observation and inpatient stays.***

*****Authorization DOES NOT GUARANTEE payment, as all inpatient stays are reviewed daily for medical necessity and level of care.***