



Request for Medicaid Services Data Changes and Verifications

Part 1: Consumer/Staff Information							
Consumer State ID		Consumer Name (Last, First)			Case Number		
Worker Name		Worker Number			Worker Phone Number		
Part 2: Program Type				Part 3: Level of Care			
				LOC Date			
Part 4: Current Program Request Dates (Dates come from IABC)							
Start Date				End Date			
<i>Current Service Plan Dates (Dates come from SW/CM):</i>				<i>Correct Service Plan Dates:</i>			
Start Date		End Date		Start Date		End Date	
<i>Information currently shown on the loWANS system (service spans):</i>							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	1st Month CP	Ongoing CP
<i>Correct information:</i>							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	1st Month CP	Ongoing CP
<i>Information currently shown on the loWANS system (service spans):</i>							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	1st Month CP	Ongoing CP
<i>Correct information:</i>							
Begin Date	End Date	Procedure Code	Provider No.	Rate/Unit	No. of Units/Mo.	1st Month CP	Ongoing CP

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