

Non-Consent Emergency Notification

Provider Information

**Required fields are denoted with a '*'.*

TIN #*: _____

NPI ID*: _____ or Medicaid ID*: _____

Name: _____

Phone: _____

Fax: _____

Service Date*: _____

Member Information

First Name*: _____

Last Name*: _____

DFPS ID*: _____ or Medicaid ID*: _____

DOB*: _____

Notice of Emergency Care Given Without Medical Consenter Presence/Authorization

Location care was given (office name and physical address):

Time care was given: _____

Description of service provided:

Who was the member accompanied by (name and relationship; if no one list N/A):

Name of the medical consenter notified:

Method of Notification (phone, letter, etc.): _____