

Passport Cover Sheet

Fax to 866-274-5952

Mail to: SUPERIOR PO BOX 3003
Farmington, MO 63640-3803

IMHS PO Box 6300
Farmington, MO 63640-3806

Provider Information

Required fields are denoted with a '.

TIN #*: _____

NPI ID*: _____

Name: _____

Phone: _____

Fax: _____

Service Date*: _____

of Pages: _____

Member Information

First Name*: _____

Last Name*: _____

DFPS ID*: _____ or Medicaid ID*: _____

DOB*: _____

Please check only ONE form type below. If you wish to submit multiple forms please use a separate cover sheet.

Behavioral Health - DO NOT SEND INDIVIDUAL THERAPY NOTES!

Initial Behavioral Health Assessment - 4

Other (Discharge Summary, Etc...)

Behavioral Health Review (Monthly) - 3

Dental

Dental Form - 1

Other

Early Childhood Intervention

IFSP Form -2

Other

Forensic Assessment

Forensic Assessment Form - 1

Other

Other

Non-Consent Emergency Notification - 1

Other

Physical Health

Nurtur Action/Care Path - 2

Hearing Evaluation, Fitting, and Dispensing Report - Form 3503 -1

Birthing Center Report -Form 7484 - 1

Hospital Report HHSC Form 7484 - 1

DME Certification and Receipt Form - 1

Notification of Pregnancy - 1

Donor Human Milk Request Form - 1

Specimen Submission Form G-1C - 1

Federally Qualified Health Center Report - Form 7484 - 1

Vision Care Eyeglass Patient Certification Form - 1

Labs

Other (Discharge Summary, Etc...)

Superior Member Service Plan

Health Services Care Plan - 2

Other

THSteps

Birth - 1 Month - 2

CCP ECI request for initial/renewal Outpatient Therapy - 1

Mental Health Interview Tool 0-2Years - 1

2 - 6 Months - 2

CCP Prior Authorization Private Duty Nursing - 1

Mental Health Interview Tool 3-9Years - 1

7 - 12 Months - 2

CCP Prior Authorization Request Form - 1

Mental Health Interview Tool 10-12Years - 1

13 months - 2 Years - 2

Dental Mandatory Prior Authorization Request - 1

Mental Health Interview Tool 13-20Years - 1

3 - 5 Years - 2

Dental Criteria for Dental Therapy under Anesthesia - 2

Nursing Addendum to Plan of Care - 3

6 - 10 Years - 2

Hearing Checklist for Parents - 1

Referral Form - 1

Child Health History - 2

Lead Poisoning/Parent Questionnaire - 2

TB Questionnaire - 1

Other

INTERNAL USE ONLY: TEMPLATE NAME _____