## **HEALTH PASSPORT COVER SHEET**

Fax: 866-274-5952 Mail: Superior HealthPlan

PO Box 3003, Farmington, MO 63640-3803



FIRST NAME*	PROVIDER INFORMATI	(*Required field)	MEMBER INFORMATION (	*Required field)
NAME FAX DOB' OR MEDICAID ID' DOB' DOB' DOB' DOB' DOB' DOB' DOB' DO	TIN #*		FIRST NAME*	
PHONE FAX   DOB*   SERVICE DATE*   # of PAGES   SERVICE DATE*   # of PAGES				
SERVICE DATE* # of PAGES  # Of PAGES  # Please check only <b>ONE</b> form type below. If you wish to submit multiple forms, please use a separate coversheet. ****  # Please check only <b>ONE</b> form type below. If you wish to submit multiple forms, please use a separate coversheet. ****  # Discharge to 5 Day Visit - 2	NAME		DFPS ID*or MEDICAID ID*	
SERVICE DATE* # of PAGES  # Of PAGES  # Please check only <b>ONE</b> form type below. If you wish to submit multiple forms, please use a separate coversheet. ****  # Please check only <b>ONE</b> form type below. If you wish to submit multiple forms, please use a separate coversheet. ****  # Discharge to 5 Day Visit - 2	PHONEFAX		DOB*	
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Discharge to 5 Day Visit - 2	****** Please check only	ONE form type below. If you wish to submit	multiple forms, please use a separat	te coversheet. ******
Initial Behavioral Health Assessment - 4	BEHAVIORAL HEALTH		TEXAS HEALTH STEPS	
Initial Behavioral Health Assessment - 4	DO NOT SEND INDIVIDUAL THERAPY NOTES		☐ Discharge to 5 Day Visit - 2	☐ 7 Year Visit - 2
Behavioral Heatth Review (Monthly) - 3	☐ Initial Behavioral Health Assessment - 4			
Bipsychosocial Assessment	☐ Behavioral Health Review (Monthly) - 3			
Psychological Evaluation     6 Month Visit - 2   11 Year Visit - 2   Dental Color (Discharge Summary, etc.)   9 Month Visit - 2   12 Year Visit - 2   Dental Form - 1   15 Month Visit - 2   14 Year Visit - 2   Dental Form - 1   18 Month Visit - 2   15 Year Visit - 2   Dental Form - 1   18 Month Visit - 2   16 Year Visit - 2   Dental Form - 1   18 Month Visit - 2   16 Year Visit - 2   Dental Form - 2   16 Year Visit - 2   Dental Form - 2   16 Year Visit - 2   Dental Form - 3 Year Visit - 2   Dental Form - 2   Dental Form - 3 Year Visit - 2   Dental Form - 2   Dental Form - 3 Year Visit - 2 Year Visit	☐ Biopsychosocial Assessment		<del></del>	
Other (Discharge Summary, etc.)  DENTAL  Dental Form - 1  Other  Dental Form - 1  Other  Dental Form - 1  Other  Dental Form - 1  Dental Form - 2  Dental Form - 1  Dental Form - 2  Dental Form - 1  Dental Form Form Form Form - 1  Dental Form Form Form Form Form Form Form Form	☐ Psychological Evaluation		<del></del>	
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Other	☐ Dental Form - 1		<del></del>	
EARLY CHILDHOOD INTERVENTION  □ IFSP Form - 2 □ Other □ 18 Year Visit - 2 □ 19 Year Visit - 2 □ Other □ 4 Year Visit - 2 □ 19 Year Visit - 2 □ 10 Year Visit - 2 □ 19	☐ Other		<del>_</del>	
IFSP Form - 2	FARIY CHII DUOOD INTERVENTION		<del></del>	
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