

DOCTOR/FACILITY FORM

PURPOSE: To provide a standardized means of obtaining current and former medical facility information on a person requesting or receiving assistance on the basis of physical or mental incapacity, who is not currently in PAY status from Social Security on the basis of disability (either SSDI or SSI). Use the Doctor/Facility form during application and review processes to capture information that the Medical Review Team-Processing Center will use to request relevant medical information.

NUMBER OF COPIES AND DISPOSITION: Original, to be scanned to the Medical Review Team-Processing Unit, along with the MRT-Processing Center Packet: IM-61 Social Information Summary, IM-61B(Informational) Disability Questionnaire (if returned by applicant), IM-61C Work History List, the MRT Coversheet, the MO-650-2616 Authorization for Disclosure of Consumer Medical Health Information, and other documents as determined by the MRT Coversheet. This form can be mailed to the applicant for completion.

MANUAL REFERENCE:

[0105.025.15.25 Medical Assistance Program Explanation](#)

[0105.025.15.40 Supplemental Nursing Care Explanation](#)

[1060.000.00 Disability \(PTD eligibility criteria\)](#)

[0205.050.20 Physical and Mental Incapacity](#)

INSTRUCTIONS FOR COMPLETION: The following information should be entered only by the Family Support Division employee: Enter participant's name, DCN and Date of Birth. If the participant is in the office or on the telephone: The Eligibility Specialist is to ask the participant for the doctor/hospital/facility information and record their answers in the appropriate fields.

- If the participant is not in the office or on the telephone: The Doctor/Facility form may be mailed to the participant for completion. The Eligibility Specialist is responsible for officially requesting the timely completion and return of the form.