FISCAL AGENT FOR

COLORADO MEDICAL ASSISTANCE PROGRAM

PO BOX 1100
DENVER CO 80201-1100

FORMS REQUISITION

Order will not be filled if provider number is missing. Use black ink only. Do not write in shaded areas.
Please order a one-month supply of all forms used. For assistance or to place a phone order, contact Medical Assistance Program Provider Services at 1-800-237-0757.

PROVIDER NAME	PROVIDER NUMBER	DATE

DESCRIPTION	UNIT OF ISSUE	QUANTITY REQUESTED	QUANTITY ISSUED
ADJUSTMENT TRANSMITTAL FORM	EACH		
CO - 1500 CLAIM	EACH		
EARLY PERIODIC SCREENING DIAGNOSIS & TREATMENT (EPSDT) CLAIM	EACH		
HCBS - ELDERLY, BLIND, DISABLED (EBD) PAR	EACH		
HCBS - PERSON LIVING WITH AIDS (PLWA) PAR	EACH		
HCBS - MENTAL ILLNESS (MI) PAR	EACH		
HOME HEALTH PAR	EACH		
PHARMACY CLAIM	EACH		
PRIOR AUTHORIZATION REQUEST (PAR)	EACH		
REQUEST FOR RECONSIDERATION FORM	EACH		
STERILIZATION CONSENT (MED-178) FORM	EACH		

◆ DO NOT USE ◆ FISCAL AGENT USE ONLY ◆	ISSUED BY	DATE ISSUED

MAIL THIS COMPLETED FORM TO: ACS, PO BOX 1100, DENVER, CO 80201-1100
A REORDER FORM WILL BE RETURNED WITH EACH ORDER

TYPE OR PRINT BOTH LABELS - USE STREET ADDRESS ONLY (NO POST OFFICE BOX)
DO NOT DETACH LABELS - ALLOW TWO (2) WEEKS FOR DELIVERY

FORM # 94346 (REV. 7/99)

FISCAL AGENT FOR
THE COLORADO MEDICAL ASSISTANCE PROGRAM
ACS
P.O. BOX 1100
DENVER, CO 80201-1100

TO:

ATTENTION

FACILITY NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP

FISCAL AGENT FOR
THE COLORADO MEDICAL ASSISTANCE PROGRAM
ACS
P.O. BOX 1100
DENVER, CO 80201-1100

TO:

ATTENTION

FACILITY NAME

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP