



## Supplemental Information Fax Back Form

**Provider Name:**

**Group:**

**TIN:**

**Member MID:**

**Member Name:**

**Member DOB:**

**We have evidence of the following services:**

<input type="checkbox"/> <b>AAP</b> Adults' Access to Preventive/ Ambulatory Health Services	<input type="checkbox"/> <b>FUH</b> Follow-Up After Hospitalization for Mental Illness
<input type="checkbox"/> <b>BCS-E</b> Breast Cancer Screening	<input type="checkbox"/> <b>FUI</b> Follow-Up After High Intensity Care for Substance Use Disorder
<input type="checkbox"/> <b>BPD</b> Blood Pressure Control for Patients with Diabetes	<input type="checkbox"/> <b>FUM</b> Follow-Up After Emergency Department Visit for Mental Illness
<input type="checkbox"/> <b>CBP</b> Controlling High Blood Pressure	<input type="checkbox"/> <b>GSD</b> Glycemic Status Assessment for Patients with Diabetes
<input type="checkbox"/> <b>CCS</b> Cervical Cancer Screening	<input type="checkbox"/> <b>IMA</b> Immunizations for Adolescents
<input type="checkbox"/> <b>CHL</b> Chlamydia Screening	<input type="checkbox"/> <b>KED</b> Kidney Health Evaluation for Patients with Diabetes
<input type="checkbox"/> <b>CIS</b> Childhood Immunization Status	<input type="checkbox"/> <b>LSC</b> Lead Screening in Children
<input type="checkbox"/> <b>COA</b> Care for Older Adults	<input type="checkbox"/> <b>PPC</b> Prenatal & Postpartum Care
<input type="checkbox"/> <b>COL-E</b> Colorectal Cancer Screening	<input type="checkbox"/> <b>W30</b> Well-Child Visits in the First 30 Months of Life
<input type="checkbox"/> <b>EED</b> Eye Exam for Patients with Diabetes	<input type="checkbox"/> <b>WCC</b> Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents
<input type="checkbox"/> <b>FUA</b> Follow-Up After Emergency Department Visit for Substance Use	<input type="checkbox"/> <b>WCV</b> Child & Adolescent Well-Care Visits

**Please fax your completed form along with the medical record or lab report to MHS Quality Improvement at #1-866-912-4254.**

**Office Contact Name:**

**Office Contact Email:**

**Office Contact Phone:**

