Wyoming Department of Health

Commit to your health.

Wyoming Medicaid Client Death Report Form

Pursuant to Wyoming Department of Health, Division of Healthcare Financing (Wyoming Medicaid) rules, providers are required to notify the Department of Health, Division of Healthcare Financing of the death of any Wyoming Medicaid client in their facility within three (3) working days of the client's death.

This form is located on the following page for the provider's use to report this information. Please sent it or fax it promptly to the address below:

Division of Healthcare Financing
ATTN: Sheila McInerney
122 West 25th St, 4th Floor West
Cheyenne, WY 82002

Wyoming Medicaid Client Death Report Form

Mail to: Division of Heathcare Financing, ATTN. Sheila McInerney,
122 West 25th St, 4th Floor West, Cheyenne, WY 82002
Or FAX: (307) 777-7085

CLIENT INFORMATION

NAME: _____

ADDRESS BEFORE ENTERING NURSING HOME: _____

SOCIAL SECURITY NUMBER: _____

RECIPIENT IDENTIFICATION NUMBER: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

MARITAL STATUS: _____

GUARDIAN, NEXT OF KIN, or POWER OF ATTORNEY: _____

ADDRESS: _____

PHONE #: _____

PROVIDER INFORMATION

NAME: _____

ADDRESS: _____

PHONE #: _____

NAME OF PERSON COMPLETING FORM: _____

DATE: _____