



ORDER VS DELIVERY DATE BILLING ATTESTATION FORM

PROVIDER NAME: _____ NPI: _____

PROVIDER RETURN EMAIL _____

CLIENT NAME: _____ MEDICAID ID#: _____

PROCEDURE CODE & DESCRIPTION: _____

ORDER DATE: _____ DELIVERY DATE: _____

DENTAL PROVIDERS

OUR OFFICE IS UNABLE TO BILL THIS PROCEDURE USING THE DELIVERY/SEAT DATE DUE TO:

___ CLIENT WAS ELIGIBLE ON THE PREP DATE AND WAS NOT ELIGIBLE FOR WYOMING MEDICAID ON THE DELIVERY/SEAT DATE

___ CLIENT DID NOT RETURN FOR ITEM AFTER SEVERAL ATTEMPTS TO SCHEDULE DUE TO:

VISION PROVIDERS

OUR OFFICE IS UNABLE TO BILL THIS PROCEDURE USING THE DELIVERY DATE DUE TO:

___ CLIENT WAS ELIGIBLE ON THE ORDER DATE AND WAS NOT ELIGIBLE FOR WYOMING MEDICAID ON THE DELIVERY DATE (IN-OFFICE OR BY MAIL)

___ CLIENT DID NOT RETURN FOR GLASSES AND WHEN THE GLASSES WERE MAILED THEY WERE RETURNED TO OUR OFFICE DUE TO:

DME PROVIDERS

OUR OFFICE IS UNABLE TO BILL THIS PROCEDURE USING THE DELIVERY DATE DUE TO:

___ CLIENT WAS ELIGIBLE ON THE ORDER DATE AND WAS NOT ELIGIBLE FOR WYOMING MEDICAID ON THE DELIVERY DATE (IN-OFFICE OR BY MAIL)

___ CLIENT DID NOT RETURN FOR ITEM AFTER SEVERAL ATTEMPTS TO CONTACT DUE TO:

PROVIDER'S SIGNATURE

DATE

___ APPROVED ___ DENIED

STATE PROGRAM MANAGER, TITLE

DATE