



Wyoming
Department
of 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:

**Sheila McInerney
Division of Healthcare Financing
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002**



Wyoming Medicaid Client Death Report Form

Mail to: Sheila McInerney, Division of Healthcare Financing
6101 Yellowstone Road, Suite 210 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: _____