Appendix O – Acute Hospital Attachment

INSTRUCTIONS

PURPOSE:

Acute Hospital attachment shall be used by health care facilities who provide acute inpatient hospital services. This form shall be submitted with a completed DHS 1139, Medicaid Application/Change Request Form.

INSTRUCTIONS:

1.	Print Name of Provider:	Self-explanatory
2.	Signature:	Self-explanatory
3.	Date Signed:	Self-explanatory

Provider First Name and Last Name or DBA: _____
Be sure to include this identification at the bottom of every page.