

INSTRUCTIONS
DHS 1139C (Rev. 08/10)

HOME HEALTH SERVICES ATTACHMENT

PURPOSE:

Form DHS 1139C shall be used by health care providers who provide home health services. This form shall be submitted with a completed DHS 1139, Medicaid Application/Change Request Form.

INSTRUCTIONS:

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| 1. Print Name of Provider: | Self-explanatory |
| 2. Signature: | Self-explanatory |
| 4. Date Signed: | Self-explanatory |