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:

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