

INSTRUCTIONS

DHS 1139D (Rev. Interim 03/16)

ACUTE HOSPITAL ATTACHMENT

PURPOSE:

Form DHS 1139D 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.

SPECIFIC INSTRUCTIONS:

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