

INSTRUCTIONS
DHS 1139C (04/08)
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
4. Date Signed: Self Explanatory