MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION

REQUEST FOR BACKDATE

RETURN TO: PHARMACY ADMIN
MO HEALTHNET DIVISION
PO BOX 6500
JEFFERSON CITY, MO 65102-6500

*****THIS IS NOT A PHARMACY CLAIM FORM. *****
THERE MUST BE A DENIED CLAIM SUBMITTED TO MO HEALTHNET FOR THE REVIEW PROCESS TO BEGIN.
ALL REQUIRED INFORMATION MUST BE SUPPLIED OR THE REQUEST CANNOT BE PROCESSED.
PHONE: 573-751-6963 FAX: 573-522-8514

PLEASE CHECK ONE ☐ **Initial Request** ☐ **Duplicate Request**	CURRENT DATE

PROVIDER NAME	MO HEALTHNET PROVIDER IDENTIFIER OR NPI

CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER

CONTACT MAILING ADDRESS (INCLUDING CITY, STATE, AND ZIP)

PARTICIPENT NAME	DCN	DATE OF BIRTH

DATE OF SERVICE	DRUG NAME/STRENGTH	NDC	PRESCRIPTION NUMBER	SUBMITTED CHARGE

DIAGNOSIS	PHYSICIAN DEA NO. OR MO HEALTHNET PROVIDER NO. OR NPI

NAME OF PRESCRIBING PHYSICIAN	DATE DRUG WAS FIRST USED

LIST ALL OTHER RELATED MEDICATIONS PREVIOUSLY TRIED INCLUDING LENGTH AND DATES OF EACH

DETAILED EXPLANATION FOR WHY THE OVERRIDE WAS NOT OBTAINED PRIOR TO DISPENSING THE THERAPY

RECIPIENT NAME	DCN	DATE OF BIRTH

DATE OF SERVICE	DRUG NAME/STRENGTH	NDC	PRESCRIPTION NUMBER	SUBMITTED CHARGE

DIAGNOSIS	DATE DRUG WAS FIRST USED

NAME OF PRESCRIBING PHYSICIAN	PRESCRIPTION DEA NO. OR MO HEALTHNET PROVIDER NO.

LIST ALL OTHER RELATED MEDICATIONS PREVIOUSLY TRIED INCLUDING LENGTH AND DATES OF EACH

DETAILED EXPLANATION FOR WHY THE OVERRIDE WAS NOT OBTAINED PRIOR TO DISPENSING THE THERAPY