

## Provider Request for Spend-Down Medically Needy Notice

Use this form to request Spend-Down Medically Needy Notices (BHSF Form 110-MNP) for one or multiple Medicaid recipients. Submit this form to Louisiana Medicaid by **Fax to 1-866-861-6016**.

Provider:  Medicaid Provider Billing Number:

Contact Person:  E-mail Address:

Phone Number:  Fax Number:

| Patient Name | Social Security Number or Medicaid ID Number | Date of Service | Service or Rx Description | Total Charges On Date of Service |
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**Completed by**

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**Date**