## REPORT OF OVERNIGHT MEDICAID OR MCO/MEDICAID PATIENTS ON LAST DAY OF THE MONTH

Send To Attention Of:			FROM:		
DMAS Health Care Services			Hospital:		
Systems and Reporting Unit			Contact Person:		
Attention: Carolyn Peete			Telephone #		
Phone:804-786-3378			Fax #		
FAX: 804-786-5799					
Fax this report on the first day of each month for Medicaid recipients who are hospitalized over night on the last day of the month.					
FAMIS recipients who are hospitalized at the time of initial enrollment into a FAMIS MCO are NOT disenrolled from the MCO.  Patient Last Name/First Name   Admission   Discharge Date   Date of Birth   Medicaid I.D. #: MCO					
(Please Print Clearly)	Admission Date	Discharge Date (if known)	Date of Birth	Medicaid I.D. #:	MCO (If Known)
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Revised April 19, 2012