



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MISSOURI MEDICAID AUDIT AND COMPLIANCE
ATTESTATION OF MEDICAL RECORD LOSS OR DESTRUCTION

Telephone: 573-751-3399
 Fax: 573-526-4375

Section I: Instructions

Please complete the information in the sections below, sign and return the attestation to the address below:

Missouri Medicaid Audit and Compliance
 P.O. Box 6500
 Jefferson City, MO 65102

Section II: Provider Information

PROVIDER NAME (LEGAL BUSINESS NAME)		DOING BUSINESS AS - DBA (if applicable)		
STREET ADDRESS		CITY	STATE	ZIP CODE
COUNTY	PROVIDER TELEPHONE NO	PROVIDER FAX NO	PROVIDER E-MAIL ADDRESS	
DESIGNATED CONTACT NAME		DESIGNATED CONTACT PHONE NUMBER	DESIGNATED CONTACT E-MAIL ADDRESS	
MISSOURI MEDICAID PROVIDER NUMBER		NPI NUMBER		

Section III: Medical Record Loss or Destruction Information

Due to the extenuating circumstances beyond my control or unforeseen events, documentation is not available in support of my MO HealthNet claim(s). I attest that the documentation was destroyed as a result of a natural or man-made disaster or a disaster for which the Governor issued a Disaster Proclamation in the county where the records were located (Complete 1 or 2 and then move on to number 3):

<input type="checkbox"/> 1. THE RECORDS WERE COMPLETELY DESTROYED	DATE DESTROYED			
LOCATION OF RECORDS AT THE TIME OF DESTRUCTION	STREET ADDRESS	CITY	STATE	ZIP CODE

OR

<input type="checkbox"/> 2. THE RECORDS WERE PARTIALLY DESTROYED OR RENDERED UNREADABLE AND UNUSABLE	DATE			
LOCATION OF RECORDS WHEN PARTIALLY DESTROYED OR RENDERED UNREADABLE AND UNUSABLE	STREET ADDRESS	CITY	STATE	ZIP CODE

THE REMAINS OF PARTIALLY DESTROYED RECORDS WERE DISPOSED OF BY (EXPLAIN BELOW INDICATING DATE, METHOD, AND RESPONSIBLE PARTY)

3. PROVIDE A SHORT DESCRIPTION OF COMPLETE OR PARTIALLY DESTROYED RECORDS

Section IV: MO HealthNet Participant Information

MO HEALTHNET PARTICIPANT NAME	PARTICIPANTS STATE ID NUMBER (DCN)
MO HEALTHNET PARTICIPANT NAME	PARTICIPANTS STATE ID NUMBER (DCN)
MO HEALTHNET PARTICIPANT NAME	PARTICIPANTS STATE ID NUMBER (DCN)

IF THERE ARE MORE PARTICIPANTS THAN THOSE LISTED ABOVE, PLEASE ATTACH A LIST TO THIS FORM WITH THE NAME(S) AND CORRESPONDING DCNS

Section V: Attestation

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

I CERTIFY THAT I AM THE OWNER OR AN INDIVIDUAL LEGALLY AUTHORIZED TO ACT ON BEHALF OF THE OWNER(S) OR PROVIDER(S).

AUTHORIZED SIGNATURE	TITLE	PRINTED SIGNATURE	DATE
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Section VI: Additional Information

PLEASE COMPLETE THE FOLLOWING ADDITIONAL INFORMATION IF THIS FORM IS BEING SUBMITTED AS DOCUMENTATION IN ORDER TO OBTAIN PAYMENT OF A MEDICAID CLAIM

I UNDERSTAND THAT PAYMENT OF THIS CLAIM(S) WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSIFICATION, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS. .

<input type="checkbox"/> MISSOURI MEDICAID PROVIDER IDENTIFICATION NUMBER (IF DIFFERENT THAN INFORMATION REPORTED IN SECTION II ABOVE)	
<input type="checkbox"/> NATIONAL PROVIDER IDENTIFIER NPI NUMBER (IF DIFFERENT THAN INFORMATION REPORTED IN SECTION II ABOVE)	
<input type="checkbox"/> TOTAL NUMBER OF CLAIMS SUBMITTED WITH THE LETTER OF ATTESTATION	
<input type="checkbox"/> TOTAL BILLED CHARGES OF CLAIMS SUBMITTED WITH THIS LETTER OF ATTESTATION	
<input type="checkbox"/> BACKUP OF ORIGINAL RECORDS NOT AVAILABLE (ELECTRONIC OR OTHERWISE)	

IF THE LOSS OF RECORDS WAS DUE TO NATURAL OR MAN-MADE DISASTER, AN *OFFICIAL REPORT** ATTESTING TO THE SOURCE OF THE DESTRUCTION WILL BE REQUIRED.

THIS FORM ALONG WITH ANY NECESSARY ATTACHMENTS SHOULD BE FORWARDED TO MMAC AT THE ADDRESS LISTED IN SECTION I ABOVE WITHIN **30 DAYS** OF THE DISASTER.

WEATHER RELATED EVENTS, SUCH AS, RAIN, FLOODS, HURRICANES, **TORNADOS**; ETC CAN BE CONFIRMED BY NOAA ON A STATE AND COUNTY GEOGRAPHICAL BASIS.

* AN OFFICIAL REPORT MAY INCLUDE SUCH THINGS AS:

- FIRE WHICH CAN BE CONFIRMED BY LOCAL FIRE MARSHAL
- EXPLOSIONS, SUCH AS, NATURAL GAS WHICH CAN BE CONFIRMED BY THE LOCAL FIRE MARSHAL OR LOCAL GAS COMPANY
- EXPLOSIONS, SUCH AS, CHEMICAL EXPLOSIONS WHICH CAN BE CONFIRMED BY THE LOCAL FIRE MARSHAL AND THE BUREAU OF ALCOHOL, TOBACCO, AND FIREARMS
- LOCAL, STATE, AND FEDERAL INVESTIGATIVE OFFICIALS CAN CONFIRM EXPLOSIONS.
- STATE INSURANCE OFFICIALS CAN CONFIRM WHETHER DOCTORS, HOSPITALS, AND DME SUPPLIERS APPLIED FOR INSURANCE COVERAGE UNDER THEIR INSURANCE POLICIES.
- FEMA CAN CONFIRM IF DOCTORS, HOSPITALS, AND DME SUPPLIERS APPLIED FOR DISASTER RECOVERY LOANS.
- LOCAL AND STATE INVESTIGATIVE AGENCIES MAY BE ABLE TO CONFIRM EVENTS LEADING TO THE DESTRUCTION OF MEDICAL RECORDS.
- EMPLOYEES OR NON EMPLOYEES OF DOCTORS, HOSPITALS, AND DME SUPPLIERS MAY HAVE CONTRIBUTED TO THE DESTRUCTION OF MEDICAL RECORDS AND THERE SHOULD BE RECORDS DISCLOSING CHARGES AGAINST THAT INDIVIDUAL(S).

FOR OFFICIAL STATE USE ONLY - DO NOT WRITE BELOW THIS LINE

DATE RECEIVED

APPROVED DENIED

AUTHORIZED STAFF SIGNATURE