

### Purpose of form

Form 08MA016E (ABCDM-16) is used to authorize an eligible provider to examine a person who:

- is an applicant for, or a recipient of a State Supplemental Payment for the Blind or Disabled, or Temporary Assistance for Needy Families (TANF); or
- has requested or is receiving nursing, ADvantage Care services, or Home and Community-based waiver services (HCBW).

This form is not used to authorize hospitals to provide discharge summaries or any similar medical information. Form 08MA016E, attached to the provider's claim, is also used by the fiscal agent in processing the claim.

### Instructions

This form is prepared in triplicate in the local office.

### Section I.

**Provider.** Enter the full name and address of the provider. Check appropriate title, M.D., D.O., or other. For other, enter appropriate title.

**Client.** Enter the name of the person to be examined.

**Date of birth and sex.** Enter date of birth and sex of client.

**Race.** Enter race of client, using these codes: A for Asian, B for Black, H for Hawaiian Pacific Islander, I for American Indian or Alaskan native, S for Hispanic, and W for White.

### Section II.

- A. Enter a check in this block to authorize the provider of the client's choice to complete a general physical examination. The fee shown is the amount approved for this procedure.
- B. No entry is required. This block is pre-checked indicating the fee amount to be paid if the provider elects to submit a current general history and physical examination record.
- C. Enter a check in this block to authorize an eye examination. The fee is the amount shown on the Medicaid fee schedule for this procedure.

**Signature of employee, title, and date.** The form is signed and dated by the employee authorizing the examination. The name and address of the local office is typed in the space provided.

**For use of county OKDHS office only.** When Form 08MA080E (ABCDM-80), Report of Physician's Examination, and Form HCFA-1500, Health Insurance Claim Form, are received, enter the dates compared with Form 08MA016E in the appropriate space.

Routing

Local office sends to provider the original of Form 08MA016E with Form 08MA080E.

When the completed Form 08MA080E or other appropriate report with Form HCFA-1500 attached is received in the local office, one copy of Form 08MA016E is attached to Form HCFA-1500 and both are sent to the fiscal agent for processing.