

**REQUEST FOR EMERGENCY PROCESSING  
OF A MEDICAL APPLICATION**

Re: \_\_\_\_\_  
Patient's Full Name Sex Date of Birth

This is to certify that the above-named patient is suffering from a medical condition which, if not treated immediately, could result in:

- \_\_\_\_\_ Serious risk of disease;
- \_\_\_\_\_ Serious health complications;
- \_\_\_\_\_ Irreparable harm; or
- \_\_\_\_\_ Threat of life or vital function of the patient.

This patient's need for medical services is based on the following diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following treatments, medications, and/or medical supplies are needed immediately and will not be available to the patient until a disposition is made on the Medicaid application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This emergent condition must be treated within \_\_\_\_\_ hours or \_\_\_\_\_ days.

The confirmation of medical conditions as requiring immediate treatment to merely facilitate the immediate processing of a person's medical application or to obtain assurances of Medicaid payment for medical care, may result in the withholding of reimbursement, disqualification from participation in the Medicaid Program and/or subject the physician to criminal sanctions. The physician is reminded of Medicaid regulations that allow coverage of allowable medical expenses for medical care provided under the Medicaid fee-for-service program no earlier than the first day of the three months prior to the patient's application for medical assistance. Under the Hawaii QUEST program, only appropriate emergency room and hospital expenses that were incurred no earlier than five days prior to the patient's application for medical assistance, may be considered for coverage.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
FAX Number

# INSTRUCTIONS

## DHS 1149

### REQUEST FOR EMERGENCY PROCESSING OF A MEDICAL APPLICATION

#### PURPOSE:

The DHS 1149 Request for Emergency Processing of a Medical Application form is to be completed by a licensed physician or dentist certifying the existence of a medical emergency and is the basis for emergency processing of medical applications.

#### GENERAL INSTRUCTIONS:

- I. A licensed physician or dentist will complete the form.
  - A. The physician or dentist will certify the medical condition and the need for immediate attention, describe the condition and prescribed treatment and the consequence of any delay of immediate treatment.
  - B. The physician or dentist will complete and sign the bottom portion of the form.
  - C. The form shall be forwarded to the DHS eligibility office at which the application for medical assistance has been or is being filed.
- II. The eligibility worker upon receipt of the completed form will:
  - A. Review the form to determine whether the requirements for expedited processing of an application is warranted.
  - B. If warranted, complete the processing of the application within 48 hours or two working days of the receipt of the DHS 1149 form and
  - C. File the DHS 1149 in the case record.