

INSTRUCTIONS
DHS 1139E (04/08)
NURSING FACILITY ATTACHMENT

PURPOSE:

Form DHS 1139E shall be used by health care facilities who provide nursing facility services. This form shall be submitted with a completed DHS 1139, Medicaid Application/Change Request Form.

INSTRUCTIONS:

1. Print Name of Provider: Self Explanatory
2. Signature: Self Explanatory
3. Date Signed: Self Explanatory