

INSTRUCTIONS
DHS 1139G (04/08)
EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT
MEDICALLY FRAGILE CASE MANAGEMENT PROVIDER ATTACHMENT

PURPOSE:

Form DHS 1139G shall be used by the entity of licensed professional nurses and or licensed physicians. This form shall be submitted with a completed DHS 1139, Medicaid Application/Change Request Form.

INSTRUCTIONS:

1. Print Name of Owner: Self Explanatory
2. Print Name of Agency: Self Explanatory
3. Signature: Self Explanatory
4. Date Signed: Self Explanatory
5. List current Hawaii licensure of staff: Self Explanatory