Ohio Department of Medicaid

PRIVATE DUTY NURSING (PDN) SERVICES REQUEST

☐ INITIAL ☐ RECERTIFICATION *(form due 14 to 30 days before expiration of existing Prior Authorization)*	
☐ CHANGE: Indicate Reason	
☐ INCREASE: Indicate Reason	
Date Request Submitted	Effective Date Requested

CONSUMER INFORMATION

First Name	Middle Initial	Last Name
Medicaid Number *(12 digits)*		Phone Number(s) /
Name of Authorized Representative *(if applicable)*		Phone Number(s) /
Waiver Type ☐ ODA-Administered Waiver *(case manager must submit this form)* ☐ No Waiver *(upload this request form via PNM)*		

I am requesting to receive private duty nursing services. I understand the individual I am providing this form to will submit this request as written and any entities involved in providing or paying for my health care services may use or disclose Protected Health Information related to the assessment for and provision of private duty nursing services contained within this request. Further information regarding the use and disclosure of my Protected Health Information is available in the Notice of Privacy Practices accessible via Medicaid.ohio.gov.

Consumer/Authorized Representative's Signature	Date

PROVIDER INFORMATION Providers must submit requests here: http://Medicaid.ohio.gov/providers/mits.aspx.

Provider *(First)* or Agency Name	Middle Initial	Last Name
Ohio Medicaid Provider Number *(7 digits)*	National Provider Identifier (NPI) Number	
Ordering Physician's Name	Ordering Physician's NPI# *(required)*	

The individual submitting this form certifies that the information provided is true, accurate, and complete. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal or State funds may be prosecuted under Federal or State laws.

ODA CASE MANAGER INFORMATION *(as applicable)*
Case Managers must submit request by secure email to: pdn_bcsp@Medicaid.ohio.gov

Case Manager Name	Phone Number and Extension Ext.	Email Address

For questions call: Ohio Department of Medicaid, PDN Manager *pdn_bcsp@Medicaid.ohio.gov*