

J&S MEDICAL NOTIFICATION FORM
(FAX COMPLETED FORM TO 405-962-6102)

The information reported below is to inform the Oklahoma Department of Corrections of any medical care and interventions provided to offenders by health care providers in the community. This information is confidential and will be used only for the health and safety of the offender and to ensure timely payment to health care providers.

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|---|---|---|
| <input type="checkbox"/> Ambulance Transport | <input type="checkbox"/> Emergency Care | <input type="checkbox"/> Hospital Admission |
| <input type="checkbox"/> Outside Medical Care | <input type="checkbox"/> Prescription | <input type="checkbox"/> Other _____ |

To be completed by authorized county personnel: (Please Print)

County: _____ Address: _____
Contact Name: _____ Phone: _____ Fax: _____
Offender Name: _____ Social Security Number: _____
Date of Birth: _____ DOC # (if known): _____ Pharmacy County Code: _____

To be completed by Health Care Provider: (Please print)

Name of Provider/Hospital: _____ FEI: _____
Address: _____ Phone: _____
Patient Name: _____ Date of Service: _____ Gender: _____
List Known Allergies: _____
List prescribed medication(s) and/or comments:

Date of next appointment: _____ Time of next appointment: _____

Note to Provider:

If routine prescription, a 90 day supply will be sent to the county jail the next business day, if received by DOC medical prior to 2:00PM.

If an urgent need prescription, county jail staff will take to a local approved pharmacy for a 7 - 14 day maximum supply.

Provider Payment Information: Submit CMS 1500 Health Insurance Claim Form to Department of Corrections P.O. Box 16532
Lubbock, TX 79490-6532. EDI#71065. Customer Care# 800-323-3710. Fax# 800-496-3138

Signature of Medical Provider: _____ Date: _____

This completed form should be faxed by an authorized county personnel to the Oklahoma Department of Corrections at:
405-962-6102