

MCO MEMBER ADDITIONAL SERVICE FORM

MCO Name: _____

Today's Date: _____

Person Completing Form and Primary Sponsor	
New or Existing Service Request?	
Original Request Submission Date	
Additional Service Request Name	
Background and Rationale	
Objectives	
Exploratory	
Marketing Strategy for this service (Method, frequency etc.)	
Duration of Study	
Comparator	
Subject Population/Comparator	
Cost for service and yearly projection	
Procedure Code	
Ineligible Criteria	
Is this a Service Discontinuation Request? If so, state the reason.	

**Plan certifies that this service complies with all State and Federal Laws and Regulations.
*Additional Service must continue for at least three years in accordance with MCO Contract**

Service Approved ____ Denied ____
DHHS Manager Name: _____ Date: _____

Discontinuation Approved ____ Denied ____
DHHS Manager Name: _____ Date: _____