



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
MO HealthNet Division

RETURN TO:  
PHARMACY AND CLINICAL SERVICES  
BY FAX ONLY: 573-659-0209

**MEDICARE PART D EMERGENCY OVERRIDE AUTHORIZATION FORM**

PLEASE PRINT OR TYPE  
ALL REQUIRED INFORMATION MUST BE SUPPLIED OR THE REQUEST CANNOT BE PROCESSED

PLEASE CHECK ALL THAT APPLY:

- I HAVE PERFORMED AN E1 TRANSACTION
- I HAVE CALLED 1-800-MEDICARE AND RECEIVED NO ASSISTANCE
- I HAVE CALLED 1-866-835-7595 AND RECEIVED NO ASSISTANCE
- I HAVE CALLED THE PRESCRIPTION DRUG PLAN (PDP) AND RECEIVED NO ASSISTANCE

PARTICIPANT NAME	DATE OF BIRTH	MO HEALTHNET NUMBER
PARTICIPANT ADDRESS		PARTICIPANT PHONE NUMBER (INCLUDING AREA CODE)
PART D PDP NAME		PDP ID NUMBER/HIC NUMBER

IS THE PATIENT TOTALLY WITHOUT PRESCRIPTION COVERAGE AND/OR IN NEED OF SPECIFIC MEDICATION(S)?  
 YES     NO

IF THE PATIENT IS IN NEED OF SPECIFIC MEDICATION(S) **ONLY** PLEASE LIST DRUG NAME, STRENGTH AND FREQUENCY:

NAME OF PHARMACY AND CONTACT PERSON		MO HEALTHNET PROVIDER, NPI, OR DEA NUMBER
PHARMACY ADDRESS	PHARMACY TELEPHONE NUMBER	PHARMACY FAX NUMBER
NAME OF PHYSICIAN OR PERSON FILLING OUT FORM		MO HEALTHNET PROVIDER, NPI, OR DEA NUMBER
PHYSICIAN ADDRESS	PHYSICIAN TELEPHONE NUMBER	PHYSICIAN FAX NUMBER