



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

Please provide date(s) of service needing override. Also, if the patient is in need of specific medication(s), list drug name, NDC, 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