

SELF-DIRECTED SERVICES — GOODS AND SERVICES

**Oklahoma Health Care Authority
QA and Community Living Services**

Living Choice **Medically Fragile**

Participant Name				
<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>SoonerCare ID</i>	

***Please check one:**

- I have paid for this approved good or service and am requesting reimbursement.
(Must attach receipt or proof of payment with dollar amount.)

- I have not paid for this good or service and am requesting Acumen to pay directly.
(Must attach estimate or bill with \$ amount.)

***Make check payable to:** _____

***Mail check to:** _____

Address: _____ Phone number: _____

Social Security or Federal ID number (if applicable): _____
(For use on 1099 if necessary.)

<u>*Description of goods or services</u>	<u>Date</u>	<u>Amount (\$)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total amount due: _____

For OHCA Approval mail or fax to:

Attn: QA & Community Living Services

Oklahoma Health Care Authority

4345 N. Lincoln Boulevard

Oklahoma City, OK 73105

Fax: 405-530-7265

Phone: 888-287-2443

***Specific instructions or comments:**

*** Member or employer's signature:**
