

**REPORT OF OVERNIGHT MEDICAID OR MCO/MEDICAID PATIENTS  
ON LAST DAY OF THE MONTH**

<b>Hospital:</b>	_____
<b>Contact Person:</b>	_____
<b>Telephone #:</b>	_____

<b>Patient Name</b>	<b>Date of Birth</b>	<b>Social Security Number #</b>	<b>Medicaid I.D. #:</b>	<b>Date of Admission</b>	<b>Discharge Date (if known)</b>	<b>MCO (if known)</b>

Please fax this report on the first day of each month to the attention of DMAS Health Care Services

**Fax: 804-452-5433 Phone: 804-692-0270**  
[ManagedCareHelp@DMAS.Virginia.gov](mailto:ManagedCareHelp@DMAS.Virginia.gov)  
 Post Office Box 537, Richmond, Virginia 23204