

**J&S Medical Notification Form**  
(Fax completed forms to (405) 425-2911)

Prescription       Outside Medical Care       Emergency Care       Hospital Admission

The information reported below is to inform the Oklahoma Department of Corrections of any medical care and interventions provided to offenders by health care providers in the community. This information is confidential and will be used only for the health and safety of the offender and to ensure timely payment to health care provider.

To be completed by Jail Administrator: (please print)

County: \_\_\_\_\_ Address: \_\_\_\_\_

County Sheriff: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Offender Name: \_\_\_\_\_ Certified J&S Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Clinical Solutions County Code: \_\_\_\_\_

Are there any pending cases or holds from another jurisdiction? \_\_\_\_\_

To be completed by Health Care Provider:

Printed Name of Provider/Hospital: \_\_\_\_\_ FEI: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Patient/Offender Name: \_\_\_\_\_

List Allergy (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Next Appointment: \_\_\_\_\_ Time of Next Appointment: \_\_\_\_\_

Note to Provider:

If a routine prescription is received by ODOC medical prior to 2:00 p.m. a 90 day supply will be sent to jail administrator the next business day.

If an urgent prescription is required, the jail administrator will take the prescription to a local approved pharmacy for 7 to 14 day maximum supply.

Provider Payment Information: Submit CMS 1500 Health Insurance Claim Form to the Oklahoma Department of Corrections at P.O. Box 16532 Lubbock, TX 79490-6532

Signature of Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_