



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Authorization for Examination and Billing**

**Section I.**

Name of provider		Provider type M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Other:	
Street address	City	State	Zip

Re:

Name of client	Client identification number	Date of birth	Sex	Race
Street address	City	State	Zip	

**Section II.** You are authorized to make the examination checked below and submit a report on Form 08MA080E (ABCDM-80), Report of Physician's Examination:

**FEE**

- A. General history and physical examination. (Procedure code 99450)  \$ 30.00
- B. In lieu of A, you may submit a current (within 90 days) general history and physical examination record, other than a hospital report, if pertinent to the immediate problem (Procedure code 99080)  \$ 15.00
- C. Eye examination and report (Procedure code 92002)  Medicaid fee schedule

**Your report, with a properly completed Form HCFA-1500, Health Insurance Claim Form, attached, must be mailed to:**

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Signature of OKDHS employee	Title	Date
Oklahoma Department of Human Services		
Street address	City	State Zip

**For use of county OKDHS office only:**

Enter the date(s) these forms were checked against this authorization:

08MA080E (ABCDM-80): \_\_\_\_\_ HCFA-1500: \_\_\_\_\_  
 Report of previous examination: \_\_\_\_\_