

## Order vs Delivery Date Billing Attestation Form

<b>Provider Name</b> _____	
<b>Provider Return Email</b> _____	<b>NPI/Provider Number</b> _____
<b>Member Name</b> _____	<b>Member ID</b> _____
<b>Procedure Code</b> _____	<b>Order Date</b> _____
<b>Procedure Description</b> _____	<b>Delivery Date</b> _____

**DENTAL PROVIDERS**  
Our office is unable to bill this procedure using the delivery or seat date due to:

Member was eligible on the prep date and was not eligible for Wyoming Medicaid on the delivery or seat date.

Member did not return for item after several attempts to schedule due to:

**VISION PROVIDERS**  
Our office is unable to bill this procedure using the delivery date due to:

Member was eligible on the order date and was not eligible for Wyoming Medicaid on the delivery (in-office or by mail.)

Member did not return for glasses and when the glasses were mailed they were returned to our office due to:

**DME PROVIDERS**  
Our office is unable to bill this procedure using the delivery date due to:

Member was eligible on the prep date and was not eligible for Wyoming Medicaid on the delivery or seat date.

Member did not return for item after several attempts to contact due to:

<b>Provider's Signature</b> _____	<b>Date</b> _____
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<input type="checkbox"/> <b>Approved</b>	<b>State Program Manager</b> _____	<b>Date</b> _____
<input type="checkbox"/> <b>Denied</b>	<b>Title</b> _____	

WYBMS-Order vs  
Delivery Date form



This form must be completed and emailed to: [elizabeth.lovell-poynor@wyo.gov](mailto:elizabeth.lovell-poynor@wyo.gov).