

Morrow County Job & Family Services

**619 W. Marion Rd.
Mt. Gilead, Ohio 43338
419-947-9111**

NET Verification Form

<p><u>To Be Completed by Medical Provider</u> ***ONE FORM PER PROVIDER***</p>	<p><u>Agency Use</u></p>
<p>_____</p> <p>Medical Provider Name</p> <p>_____</p> <p>Medical Provider Address</p> <p>_____</p> <p>City, State, Zip</p> <p>_____</p> <p>Office Phone Number</p>	<p>_____</p> <p>Case Number</p>
<p style="text-align: center;"><u>Appointment Information</u></p> <p>_____ had an office visit</p> <p style="text-align: center;">Patient's Name- PLEASE PRINT</p> <p>Date: _____ Appt Time: _____ Medical Provider Signature: _____</p> <p>_____</p> <p>***Each visit MUST be signed by a medical provider to receive reimbursement***</p>	
<p style="text-align: center;"><u>Consumer Information</u></p> <p>_____</p> <p>Consumer Name – Please Print</p> <p>_____</p> <p>Billing or MMIS #</p> <p>_____</p> <p>Consumer Signature</p> <p>_____</p> <p>Social Security Number</p>	

This form MUST be returned within five (5) days of the first appointment to receive reimbursement.