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## Caseworker Instructions for Completion of DMAP 729

### All blanks must be completed

1. Patient's Name .....Name of client to be seen by medical provider
2. Insured's ID/Prime No ..... Eight alpha/numeric character field
3. SSN ..... Client's Social Security Number
4. Date of Birth.....Patient's Date of Birth
5. Program .....Program (A1, 2, B3, D4, 5, P2, etc)
6. Branch .....Branch number (2401, etc)
7. Case Number .....Case number under which client is identified
8. Worker ID.....Worker Identification code
9. Case Name .....Case name under which client is identified
10. Provider Number .....Medical provider number assigned by DMAP, found on PRV1  
(See Computer Guide for instructions on accessing PRV1)
11. Address Box .....Name and address of medical provider
12. Patient's Complaint Area .....List stated medical or mental conditions
13. Procedure Code.....Procedure code of selected exam or report
14. Description of Service.....Description for selected examination or report from  
guidelines
15. Amount to be Billed.....Amount to be billed for selected examination or report from  
guidelines
16. Needed Reports Boxes .....If other 729's are used, check the appropriate box
17. Branch Name and Address...Legible branch name and mailing address
18. Worker's Name .....Legible name of worker requesting examination or report
19. Date Requested.....Date 729 sent to medical provider
20. Telephone .....Legible telephone number of worker requesting report