

Month of Travel: _____

KHC Provider No: _____

| | | |
|---|----------------------|--------------|
| KHC RECIPIENT STATUS UPDATE FORM | Facility Name: _____ | Date: _____ |
| | Social Worker: _____ | Phone: _____ |

| RECIPIENT'S NAME AND KHC # | TYPE OF UPDATE | DATE OF CHANGE MM/DD/YY | EXPLANATION OR UPDATE | |
|--|--|----------------------------|--|------------|
| Number: <u>800</u> Name: _____ _____ | <input type="checkbox"/> Patient Status | | Explanation: | |
| | <input type="checkbox"/> Address Change | | Address: _____ | RTM: _____ |
| | <input type="checkbox"/> Transfer (To/From) <i>Circle One</i> | | Facility Name (Previous/Current): <i>Circle One</i> | RTM: _____ |
| | <input type="checkbox"/> Other (Ins, Etc.) | | Explanation: | |
| Number: <u>800</u> Name: _____ _____ | <input type="checkbox"/> Patient Status | | Explanation: | |
| | <input type="checkbox"/> Address Change | | Address: _____ | RTM: _____ |
| | <input type="checkbox"/> Transfer (To/From) <i>Circle One</i> | | Facility Name (Previous/Current): <i>Circle One</i> | RTM: _____ |
| | <input type="checkbox"/> Other (Ins, Etc.) | | Explanation: | |
| Number: <u>800</u> Name: _____ _____ | <input type="checkbox"/> Patient Status | | Explanation: | |
| | <input type="checkbox"/> Address Change | | Address: _____ | RTM: _____ |
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| Number: <u>800</u> Name: _____ _____ | <input type="checkbox"/> Patient Status | | Explanation: | |
| | <input type="checkbox"/> Address Change | | Address: _____ | RTM: _____ |
| | <input type="checkbox"/> Transfer (To/From) <i>Circle One</i> | | Facility Name (Previous/Current): <i>Circle One</i> | RTM: _____ |
| | <input type="checkbox"/> Other (Ins, Etc.) | | Explanation: | |