Appendix 20e • Client's Physicians and Other Health Professionals (Optional)

Client's Last Name			First Name			MI MSSP#	
NAME: SPECIALTY: ADDRESS:	MSSP Assessment Date Last seen by HP?		1	2	3		4
PHONE: MEDI-CAL PAYS? Ves No	MSSP Assessment Date Last seen by HP?		5	6	7		8
NAME:							
NAME: SPECIALTY: ADDRESS:	MSSP Assessment Date Last seen by HP?		1	2	3		4
PHONE: MEDI-CAL PAYS? Yes No	MSSP Assessment Date Last seen by HP?		5	6	7		8
NAME: SPECIALTY: ADDRESS:	MSSP Assessment Date Last seen by HP?		1	2	3		4
PHONE: MEDI-CAL PAYS? PYes Do No	MSSP Assessment Date Last seen by HP?		5	6	7		8

December 2015 Appendix 20e - 1