QI-49 MCO Service Disallowance Request

☐ FFS Provider ☐ Org Provider

(This column for CDM Only)	Services Claimed (to be Disallowed)										
ISN Serial #	Client #	Client Name	Staff #	Date of Service	Time of Service	RU	Service Code	Duration	UOT	Amount Claimed	Briefly Indicate Reason For Disallowance

1 Staff Completing Form _____ Date _____

2 Sr Program Mgr Approval _____ Date _____

3. Route to QI only

4. QI Staff Date_____Initial_____

Date sent to CDM Date_____Initial_____