



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

ATTACHMENT II

IMPORTANT NOTICE TO POTENTIAL ALIESSA/ADAMOLEKUN CLASS MEMBERS:

IF YOU RETURN THIS FORM TO THE MEDICAID OFFICE IN YOUR COUNTY, IT WILL DECIDE WHETHER MEDICAID CAN PAY YOUR MEDICAL BILLS FOR CARE YOU GOT FROM SEPTEMBER 12, 1997, TO AUGUST 5, 2004.

Please give the following information:

Your name: _____

Your address: _____

Your phone number: _____

Include a copy of each medical bill for care you got from September 12, 1997, to August 5, 2004 that Medicaid did not pay because of your immigration status. If you or someone else paid these bills, include proof that the bills were paid. Send all of these medical bills, and any proof of payment, to the Medicaid office in your county social services district. If you do not know the name and address of the Medicaid office, you can check the enclosed list. This list shows the name, address and phone number of each county Medicaid office.

To help it decide whether Medicaid can pay these old bills, the Medicaid office may ask you more questions, including questions about your immigration status and your income and resources when you got this medical care.

IMPORTANT! Send this form in as soon as possible and before August 5, 2005.

ANY QUESTIONS? Call the Legal Aid Society at (212) 577-3575 or toll free at 1-888- 500-2455; the New York Legal Assistance Group at (212) 613-5001; or the Greater Upstate Law Project, toll free at 1-800-724-0490.