

Date

Provider Name
Provider Address
City, New York 00000

Recipient:
Date of Service(s):
CIN#:

Dear Medicaid Provider:

The above named recipient was determined eligible for the Family Health Plus program during the time period the enclosed medical expenses were incurred. However, because the recipient's enrollment in the program had not been completed on the date of service, we are unable to process payment of these expenses in the normal manner.

In order for us to make payment for the enclosed medical expense(s), you must submit a Medicaid paper claim form that lists the proper Medicaid rate(s), codes and billing information.

Please return the completed Medicaid paper claim form(s) to this Department (hospitals should use their UB92 for inpatient hospital charges with ICD-9 codes and medical providers should submit their own paper claim form(s) with CPT4 codes including diagnosis codes) so that we can process your payment.

If you require copies of any claim forms, you can contact the Computer Science Corporation as follows:

(800) 522 – 1892 Institutional Unit (hospitals, nursing homes, clinics, home health agencies)

(800) 522 – 5518 Practitioner Unit (doctors, dentists, podiatrists, etc.)

(800) 522 – 5535 Professional Unit (pharmacies and medical equipment vendors)

Upon receiving the appropriate claim form, your payment will be processed as soon as possible.

Thank you for your cooperation.