

SURPLUS FAX MEDICAL BILLS



Dear Consumer:

Surplus Fax (S-Fax) is a safe and secure way to submit your medical bills by fax to meet your surplus amount. Please make sure you include all requested information to avoid unnecessary delays. You should be able to locate your case number, CIN and monthly surplus amount on your acceptance notice. If you are unable to locate this information, please call the HRA Medicaid Helpline at 1-888-692-6116 to speak with one of our representatives who can readily assist you.

Please complete this form and **remember to fax all medical bills (paid and/or unpaid)** to the Medical Assistance Program Centralized Surplus Unit at 917-639-0645.

Do not send cash, checks or money orders to any Medicaid office. If you have a bill from a provider that you want to pay, please make that payment directly to them.

CASE NAME	CASE NUMBER	CIN
ADDRESS		PHONE NUMBER

TO : Medical Assistance Program Centralized Surplus Unit	FAX NUMBER → 917-639-0645	Number of pages including this letter _____
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TYPE OF BILL	AMOUNT
TOTAL	

Current Monthly Surplus Amount: \$ _____ Month(s) of Coverage Requested: _____

NOTE: Upon review and approval of medical bills, you will receive a determination letter outlining the length of time you are entitled to medical coverage.

Signature of Consumer: _____ Date: _____

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 888-692-6116. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.