



September 9, 2004

Web Announcement 36

Revised Medicare Information Form:

If you are continuing to experience difficulty being reimbursed for Medicare crossover claims, please consider submitting the "[Request for Provider's Medicare Billing Information](#)" form as a possible solution. The completed form will provide First Health Services with correct billing information to assist us in adjudicating crossover claims.

Once you have completed, verified and signed the form, please mail it to First Health Services, Provider Enrollment, P.O. Box 30026, Reno NV 89520-3026.

Prior to completing the form, you may verify your information currently in the Medicaid Management Information System (MMIS) by calling First Health Services (877) 638-3472; once the recorded message begins press 2 for "Providers" and then 4 for a "Provider Enrollment" Customer Service Representative (CSR). The CSR can also answer any questions you have regarding information requested on the form.