



State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

ADMINISTRATIVE OFFICES  
QUAKERBRIDGE PLAZA—BUILDING 5 & 7 & 12  
QUAKERBRIDGE ROAD  
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:  
CN-712  
TRENTON, NEW JERSEY 08625

MEDICAID COMMUNICATION 87-9

DATE: March 24, 1987

TO: County Welfare Agency Directors

SUBJECT: Reimbursement for Distribution of Medicaid-ID Cards

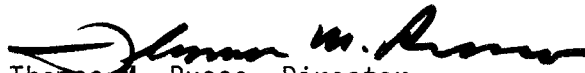
Attached is a copy of the format which the County Welfare Agencies can reproduce to use when requesting payment of the costs incurred in the distribution of Medicaid-ID cards. The information requested on the form is self-explanatory. However, the Medicaid Communication 87-3, dated February 5, 1987, can be referred to for more details.

The form must be received by this Division by the 20th of each month following the month being reported. If not, the request for payment will be processed in the following month. The form should be mailed to:

Ronald J. Kavas, Assistant Director  
Administrative and Fiscal Affairs  
Division of Medical Assistance  
and Health Services  
CN 712  
Trenton, New Jersey 08625

Your assistance in distributing the Medicaid-ID cards is appreciated.

Sincerely yours,

  
Thomas M. Russo, Director  
Division of Medical Assistance  
and Health Services

TMR:Sn  
attachment  
cc: Odella T. Welch  
Deputy Commissioner

Marion Reitz, Acting Director  
Division of Public Welfare

Thomas Blatner, Director  
Division of Youth and Family Services Management Team

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REQUEST FOR REIMBURSEMENT FORM \*

MEDICAID - ID CARDS

County Name: \_\_\_\_\_

For the Month Ending: \_\_\_\_\_

Distribution:

\_\_\_\_\_ Insert @ .05 \$ \_\_\_\_\_

\_\_\_\_\_ Separate Mail @ .25 \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Form Completed By:

Name \_\_\_\_\_ (Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_

Certified By:

I, \_\_\_\_\_, certify that the  
Print Name/Title  
information as reported is accurate and supported by manual/automated  
statistical records.

\_\_\_\_\_  
Signature Date

\* For additional information see Medical Communication 87-3 dated  
February 5, 1987.