

CSS FAX to IME COVERSHEET

Please Type or Print Clearly

To: Rutgers UBHC IME UM Unit		Provider:
		From (Staff Name):
FAX #: 732-235-5569		Provider Site Location:
EMAIL: imecss@ubhc.rutgers.edu		Sender's Email:
		Alternate Email:
IME UM phone #: 844-463-2771		Sender's Phone no.:
		Extension:
No. of Pages Submitted including the fax coversheet:		Date submitted:
Consumer Name	Last: _____	First: _____

FUNDING SOURCE : **Medicaid** **State : NJMHAPP ID: _____**

REASON FOR SUBMISSION TO IME:

Request Type: *(each type requires a separate fax coversheet)*

- 1) Enrollment/Admission Form
- 2) Resubmission of Enrollment/Admission **for Request # :** _____
- 3) Administrative Approval Modification *(use when funding source changes during the 60 day AA period)*
- 4) Enrollment/Admission and IRP Modification Form #3: Change in Funding Source *(submit both forms as one request)*

Please check: State to Medicaid Medicaid to State

- 5) Initial IRP
- 6) IRP Continuation of Care
- 7) IRP Modification Form #1: More Units/New Goal
- 8) IRP Modification Form #2: New Band
- 9) Resubmission of IRP on **Request #:** _____ **Attn. :** _____

(IME Staff Name)

Additional Comment (to aid in processing) :

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