

**New Jersey Department of Human Services
Division of Aging Services
Office of Community Choice Options**

NRO
Telephone: (732) 777- 4650
Submit to: doas.NROrfba@dhs.nj.gov

SRO
Telephone: (609) 704 - 6050
Submit to: doas.SROrfba@dhs.nj.gov

REQUEST FOR BILLING ASSISTANCE

Facility Name:		Provider Number:	
Facility Contact Person:		Telephone Number:	Email Address:
Client Name (Last)	(First)	(Middle)	
Social Security Number:		Medicaid Number:	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Edit/Error Code(s):	
Date of Admission:	Date of PAS:		
Date LTC-2 Submitted (<i>Attach proof of LTCFO Referral</i>):		Denied Dates of Service: thru	
MCO Termination Date: (MCO GAP only) thru		Anticipated Start Dates of Fee for Service (FFS) Coverage: (MCO GAP only)	
Dates of MCO Authorization preceding disenrollment (<i>Attach written copy</i>):			
Provider Explanation, if necessary:			

FOR LONG TERM CARE FIELD OFFICE USE ONLY

<input type="checkbox"/> Clinical Eligibility effective (date) _____ thru _____; when applicable CWA notified via email by OCCO. <input type="checkbox"/> Record updated. Resubmit billing.
<input type="checkbox"/> No Medicaid eligibility <input type="checkbox"/> Current enrollment in (name of organization) _____; NF must contact organization for prior authorization. <input type="checkbox"/> Missing Information: <input type="checkbox"/> Written copy of MCO Authorization not attached <input type="checkbox"/> LTC-2 missing/incorrect information <input type="checkbox"/> Proof of submission of LTC-2 not attached <input type="checkbox"/> Unable to establish referral dates; Refer to Policy Guidance: <input type="checkbox"/> LTC-19, submitted outside of 60 day timeframe of MCO termination date <input type="checkbox"/> MCO Authorization dates not valid to establish FFS <input type="checkbox"/> LTC-2 submitted outside of timeframe
<input type="checkbox"/> Northern Regional Office (date/Initial) _____ / _____ <input type="checkbox"/> Southern Regional Office (date/Initial) _____ / _____