

MEMORANDUM

TO: Medical Records Office _____ (Medical Provider)
FROM: _____ Income Maintenance Caseworker
_____ County Department of Social Services
RE: _____ MID: _____
DATE: _____

We are processing a Medicaid application for the individual named above who states that he was a patient in your facility from _____ to _____

Federal legislation permits limited Medicaid benefits for certain individuals provided they meet all eligibility requirements except citizenship.

These benefits are limited to coverage of emergency medical services, including labor and delivery, which is required after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected to result in 1) placing the patient's health in serious jeopardy, 2) serious impairment to bodily functions, or 3) serious dysfunction of any bodily organ or part. **Once the medical condition is stabilized, even if it remains serious or results in death, it is no longer an emergency.**

The medical staff of the Division of Medical Assistance will determine whether the treatment meets the definition of "medical emergency" as well as the duration of the emergency.

<p>THE MEDICAL RECORDS LISTED BELOW ARE REQUIRED. Please check each item to indicate that you have included those records. Send them to the county department of social services indicated above.</p> <p>_____ 1. Physician's order sheets _____ 2. Physician's progress notes _____ 3. History and physical _____ 4. Discharge summary _____ 5. Emergency room records/doctor's office (if approval for ER/doctor's office visit is requested)</p> <p>_____ Initial here if you are certifying that there are no other medical records available.</p>

Your prompt assistance in providing this information is appreciated. **A determination of eligibility cannot be made without them. Payment of claims is also dependent upon receipt of necessary medical information.** If you have any questions, please contact me at Telephone No: _____ Fax No: _____

Enclosure: Consent for the Release of Confidential Information

cc: Eligibility case record