

INSTRUCTIONS FOR MEDICAID PAYMENT INFORMATION REQUEST

**ALL INITIAL REQUESTS FOR THE LIST OF MEDICAID PAYMENTS MUST BE
IN WRITING TO:**

THIRD PARTY RECOVERY SECTION
DIVISION OF MEDICAL ASSISTANCE
2508 MAIL SERVICE CENTER
RALEIGH, NC 27699-2508

◆OR◆

YOU MAY FAX YOUR REQUEST TO (919) 715-4725

**Attention Attorneys: In order to obtain a lien amount, you must submit
an Authorization from your client. The Authorization must be signed
and dated within the current year.**

**PLEASE USE ONLY ONE OF THE ABOVE OPTIONS (EITHER BY FAX OR
MAIL). SENDING TWO REQUESTS MAY CREATE DUPLICATE FILES AND SLOW DOWN
THE PROCESS. OUR POLICY ALLOWS 6 TO 8 WEEKS TO RESPOND TO REQUESTS.**

Attached is the Request for List of Medicaid Payments (DMA 2073). Please photocopy a supply of this form and submit one for each recipient that you suspect may have Medicaid coverage. Accurate completion of this form (including providers, service dates, and release date) furnishes us with helpful information in completing your request.

This office should be contacted no more than one (1) month prior to any disbursement of funds in order to obtain updated payment information.

DO NOT SUBMIT A SECOND REQUEST FORM FOR UPDATES.

The Third Party Recovery Section will attempt to provide your office with prompt and courteous service. However, due to the large number of payment requests, please allow us adequate time (2 weeks) to respond to your request before calling for status information. Payment requests are responded to on the "first come, first served" basis. It will not be possible to provide Medicaid payment amounts on the same day of your request.