

VALUEOPTIONS TIMELY FILING WAIVER FOR RETROACTIVE ELIGIBILITY

Date: _____

CONSUMER INFORMATION

Medicaid ID # _____

Consumer Name: Last _____ First _____ MI _____

Date of Service: _____

PROVIDER INFORMATION

NPI Number: _____ Tax Id Number: _____

Practitioner / Facility name: _____

RETROACTIVE ELIGIBILITY INFORMATION

Medicaid Eligibility Determination Date: _____

Effective Date of Medicaid Eligibility: _____

Department of Social Services Medical Assistance Eligibility Determination Award Letter attached?

Yes

No

Completion of this form does not constitute a guarantee of coverage or payment.
All claims are subject to eligibility and Plan limitations at the time services are rendered.

SUBMIT A SEPARATE CLAIM FORM FOR EACH CLAIM