



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 12 No. 61

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TO: All Providers

SUBJECT: Patient Certification Form - FD-197 (Rev. 7/02)

EFFECTIVE: Immediately

BACKGROUND: The Division has updated the Patient Certification Form (FD-197, Rev.7/02). This form is signed by the beneficiary to certify that the service(s) covered by a claim has/have been received and that a request for payment of those services is being made on the beneficiary's behalf by the provider. This form has been revised to reflect the Medicaid/NJ FamilyCare/CSOCI programs. No major changes to this form have been made. Providers are to follow the instructions for the use of the Patient Certification Form provided in N.J.A.C. 10:49-9.9, "Patient's (beneficiary) certification," contained in the Administration Manual.

ACTION: Effective immediately, the attached new "Patient Certification Form (FD-197, Rev. 7/02), or a similar form of the provider's choice, containing all the necessary elements required by N.J.A.C. 10:49-9.9(a), must be used.

The form used must identify the beneficiary by name and Medicaid/NJ FamilyCare/CSOCI Eligibility Identification Number and must include the date of service and a brief, non-technical, description of the service. The form must also include the beneficiary's certification and signature, as described in N.J.A.C. 10:49-9.9(a).

Questions regarding the acceptability of a provider-designed form should be directed to the Division's Office of Provider Enrollment, (609) 588-2905.

Each provider must keep the form on file for each service rendered to a beneficiary. The provider must also make the form available upon request to representatives of the New Jersey Medicaid/NJ FamilyCare/CSOCI programs. The attached form may be duplicated as necessary, or providers may contact Unisys at the number listed below for a supply of the forms.

For further information concerning this Newsletter, contact any Unisys Provider Services representative at 1-800-776-6334.

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB(BLUE TAB MARKED "5")

