



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

NEWSLETTER

Volume 6 No. 64

December 1996

TO: Hospital Chief Executive Officer

ROUTE TO: Accounting, Billing & Finance Officers

SUBJECT: Participation of Service Bureaus in Medicaid Program

BACKGROUND: A provider may secure the services of a management or business agent to perform certain functions on behalf of the provider related to the claims payment process.

ACTION: Pursuant to N.J.A.C 10:49-7.5, you are hereby requested to divulge any and all service bureau/management agency relationships within 30 days of receipt of this notice.

Please complete the attached form and provide a copy of the signed agreement for each contract with a service bureau or management agency and return to:

Division of Medical Assistance and Health Services
Provider Enrollment Unit
CN-712
Trenton, N.J. 08625-0712

If you have any further questions in this regard, please contact the Division of Medical Assistance and Health Services, Provider Enrollment Unit, (609) 588-2905.

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

Name of Hospital: _____

Address: _____

Telephone Number: ____ - ____

(1) Name of Service Bureau/Management Agency: _____

Address: _____

Telephone Number: ____ - ____

Name and Title of Contact Person: _____

Claim Types: In-patient Out-patient Emergency
 ESRD Other: _____

Duration of Contract: From: _____ - To: _____

(2) Name of Service Bureau/Management Agency: _____

Address: _____

Telephone Number: ____ - ____

Name and Title of Contact Person: _____

Claim Types: In-patient Out-patient Emergency
 ESRD Other: _____

Duration of Contract: From: _____ - To: _____

(3) Name of Service Bureau/Management Agency: _____

Address: _____

Telephone Number: ____ - ____

Name and Title of Contact Person: _____

Claim Types: In-patient Out-patient Emergency
 ESRD Other: _____

Duration of Contract: From: _____ - To: _____