



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

# NEWSLETTER

Volume 9 No. 45

July 1999

**TO:** All Providers

**SUBJECT:** Patient Certification Form - FD-197 (Rev. 6/99)

**EFFECTIVE:** Immediately

**BACKGROUND:** The Division is updating the "Patient Certification Form (FD-197)(Rev.6/99)" due to the inception of a new program that is called "NJ KidCare." This form is signed by the beneficiary to certify that the service(s) covered by a claim has been received and that a request for payment of those services by the provider is being made on the beneficiary's behalf. This form has been revised to reflect both the Medicaid and NJ KidCare programs. No major changes to this form have occurred and providers are to follow instructions for its use as outlined in N.J.A.C. 10:49-9.9 of the Administration Manual.

**ACTION:** Effective immediately, the attached new "Patient Certification Form (FD-197 Rev. 6/99) must be used. Each provider shall keep the form on file for each service rendered and shall make it available upon request to representatives of the New Jersey Medicaid or NJ KidCare programs. The attached form may be duplicated as necessary or you 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.

FD-197 (rev. 6/99)

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(BLUE TAB MARKED "5")**