



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

MEDICAID ALERT

MA-2000-05

April 2000

TO: All Providers

SUBJECT: Fair Hearing Requests

EFFECTIVE: May 1, 2000

PURPOSE: To advise all providers of change of address for submission of fair hearing requests

ACTION: Effective May 1, 2000, all requests for fair hearings based on claim denials are to be submitted within twenty (20) days from the date of the remittance advice (RA) to:

Unisys Corporation
Fair Hearing Unit
P.O. Box 4801
Trenton, NJ 08619

If you have any questions regarding this alert, please contact Unisys Provider Services at 1-800-776-6334.

RETAIN THIS MEDICAID ALERT CHRONOLOGICALLY BEHIND THE MEDICAID ALERTS TAB
(GREEN TAB MARKED "4")

