

< **Date** >

< **Inside address** >

Dear < **Patient's Name** >:

You have notified our office that you have applied for health coverage through the XXX state Medicaid program. Please carefully read this review of our office policy on how we handle pending Medicaid applications.

- We require that proof of application be presented to our office within 5 business days. Proof of application can be documented by official acknowledgment in writing from the Department of Social Services stating that your application has been received. If you have an upcoming appointment, we will need a copy of the letter noting your appointment date; we will then need the proof of application within the 5 working days from the date of appointment.
- For accounting reasons, your medical charges will be listed as self-pay, but you will not be required to make payment on your account for the next 8 weeks. This is based on our understanding of the time it has been taking to receive a determination on your family's application. If the Department of Social Services indicates that it will need additional time, we will need that in writing.
- If we have not received your Medicaid number for billing by 8 weeks or have not received an extension letter from the Department of Social Services, you will be required to set up a payment plan for services rendered. Extensions can only be given if you provide written proof of a continuing application.
- It is **your** responsibility to request that Medicaid go back to the date of your application to cover outstanding medical bills that your family may have incurred. We strongly suggest that you make that absolutely clear at the time of application because we can only bill Medicaid for services on or after the effective date of your coverage, once approved. Any medical charges incurred prior to the effective date of coverage will remain your responsibility.
- Our office cannot be responsible for speaking with social workers or for errors that may occur during your application process. This is a governmental

process of benefit determination and approvals, between you and the Department of Social Services.

- XXX County has a mandatory enrollment in Medicaid managed care for children. Once you have been approved for Medicaid coverage, we suggest that you enroll with **XXX** when given your choice of a managed care plan. Please make sure you list your physician as the primary care provider for your family. Otherwise you might be assigned to a different managed care plan that we may not be participating in, and you may also be assigned to another primary care provider unknown to you.

We are aware of how difficult and stressful this process can be for our families. Contact our billing office if you have additional questions or concerns.

Sincerely,

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