



**DIRECTIONS FOR LDSS/MAP WORKER TO COMPLETE THE "REIMBURSEMENT DETAIL FORM/UNPAID BILLS"**

1. Enter the demographic information across the top of the form; Recipient name, recipient address, Social Security Number, Case type, CIN number, Case number, local district, eligible: "FROM" and "TO" lines (Note: There may be multiple periods of coverage).

**A) APPROVED UNPAID BILLS: PROVIDER SHOULD SEND TO MEDICAID**

The worker will enter:

- **Provider Should Submit a Medicaid Claim For this Service:** Place an "X" or check (√) in the box indicating the class member should have their provider submit a claim for this service to Medicaid following the existing procedures for submitting a Medicaid claim.  
Upstate: Claims should be submitted to Computer Sciences Corporation.  
NYC: Claims should be submitted to the Medical Assistance Program (MAP) Reimbursement Unit.
- Attach copies of unpaid bills to this form.

**B) DENIED UNPAID BILLS AND WHY WE WILL NOT PAY THIS BILL**

The worker will enter:

- **Not A Medicaid Provider:** Place an "X" or check (√) in the box if the provider of service is not a Medicaid enrolled provider.
- **Not a Covered Service:** Place an "X" or check (√) in the box if the service is not a Medicaid covered service.
- **Other:** Describe any other reason why this bill is not paid.

**Retain a copy of this form and all bills for the Local District of Social Service's case record**