NEW YORK STATE | Office of the Medicaid Inspector General

Explanation of Medical (Medicaid) Benefits

This form is to check that you received the medical services listed below — it is **NOT** a bill. If there are any services you did **NOT** receive, circle the service and provide comments. Only return the completed form in the postage-paid envelope provided if there is a problem with the services listed.

Name of Recipient

NAME
STREET
CITY, NY Zip

For Office Use Only → Period: 00/00/0000 to 00/00/0000
Recipient I.D. Number → Identification number: XXXXXXXX

Return to: NYS Office of the Medicaid Inspector General
Division of Medicaid Investigations
800 N. Pearl St. - 1st Floor
Albany, NY 12204-4719

Name of who provided the service

What services were received

Date of Service	Provider of Service	Type of Service	Services Rendered

Comments:

Provide comments related to the service(s) ONLY if there was a problem

If you received a service listed above, but do not recognize the provider name, please provide the name and location where you received the service:

_____
Print Name

_____
Signature

_____
If other than recipient, please identify

( ) _____
Phone number

Help Fight Medicaid Fraud!

The Office of the Medicaid Inspector General (OMIG) is responsible for guarding against fraud, waste, or abuse in New York State's Medicaid program. If you suspect fraud, waste, or abuse, and want to make a complaint, please call our toll-free fraud hotline.

877-87-FRAUD (877-873-7283)

www.omig.ny.gov

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DETRÁS EN ESPAÑOL

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NYS Office of the Medicaid Inspector General
Division of Medicaid Investigations
800 N. Pearl St. - 1st Floor
Albany, NY 12204-4719

JOHN DOE
123 ANY STREET
ANYTOWN, NY 12345

Notice of Important Document

ENGLISH	**This is an important document. If you need help to understand it, please call xxx-xxx-xxxx. An interpreter will be provided free.**
Español	Esto es un documento importante. Si necesitas ayuda en entenderlo, por favor llame al xxx-xxx-xxxx. Un intérprete será disponible gratuito.
简体字	这是一份重要文件。 如果您需要帮助理解此文件， 请打电话至 xxx-xxx-xxxx。 您会得到免费翻译服务。
簡體字	这是一份重要文件。如果您需要幫助理解此文件，請打電話至 xxx-xxx-xxxx。 您会得到免費翻譯服務。
Kreyòl Ayisyen	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: xxx-xxx-xxxx. Y ap ba ou yon entèprèt gratis.
Italiano	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero xxx-xxx-xxxx. Un interprete sarà disponibile gratuitamente.
한국어	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: xxx-xxx-xxxx. 무료 통역이 제공됩니다.
Русский	**Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону xxx-xxx-xxxx. Переводчик предоставляется бесплатно.**

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