



Dear **Amida Care Member**,

During recent member meetings, a number of you had questions about provider bills and letters from us. So, here's some information that will hopefully clear up any confusion and help you to sleep a little easier too!

Provider Bills

While you're in **Amida Care**, ***you should never receive a bill from a provider!*** Our providers agree to accept FULL PAYMENT from us, and they also agree to never bill you. If a provider bills you in error, let us know right away and we'll take care of it! You'll know it's a provider bill because his/her name and address will be across the top of the page (see Box A on the back), and it will request payment. If you receive a bill, please fax it to Amida Care [F: 917-637-3790] so ***our staff can get them to STOP BILLING YOU IMMEDIATELY!*** Remember, it is illegal for providers to bill you.

Letters from Amida Care about "Payment Denials"

If Amida Care denies payment to a provider, there is a good reason, such as: provider billed us incorrectly, provider took too much time to bill us (more than 90-120 days), or a service was provided that Medicaid pays for directly (such as dental or methadone). Every time Amida Care rejects payment, we will send you a letter (see Box B on the back). You'll know it's from us because our name/logo will be at the top. ***When you get this letter, don't worry. You don't have to do anything!***

If you receive **bills** or **letters**, or you don't understand something, remember you can call us 24 hours a day, seven days a week, at **1-800-556-0689** to get the help that you need!

Sincerely Yours,

Doug Wirth, CEO

Renee Martinez, Director of Membership

Box A - Example of a Bill from a Provider

Dr. Joe Doe
New York Medical Associates
290 W. 55th Street
NY, NY 12345

Dear [*Your Name*]:

You secured services on [date]. The balance due is \$(dollar amount). **Please make payment immediately.** If payment is not received, then we'll send your bill to a collection agency.

Box B - Amida Care Letter about Payment Denial



This is not a bill.
Notice of Action.
Denial of Benefits under Managed Care

Dear [*Your Name*]:

[Address & Medicaid Number & Some Service Information]

“Please remember, you cannot be billed for these services. If a provider sends you a bill or to file a complaint, please call Member Services at 1-800-556-0689 for assistance.”