

North Carolina  
Medicaid Special Bulletin



*An Information Service of the Division of Medical Assistance*

*Please visit our website at [www.dhhs.state.nc.us/dma](http://www.dhhs.state.nc.us/dma)*

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**Attention:**

**Family Planning Waiver  
"Be Smart"**

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**Effective with date of service October 1, 2005**, the North Carolina Division of Medical Assistance, (DMA) will implement a 5-year 1115 Medicaid demonstration waiver project for family planning services for the citizens of North Carolina.

## **FAMILY PLANNING WAIVER**

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The Family Planning Waiver is a Medicaid program designed to reduce unintended pregnancies and improve the well-being of children and families in North Carolina by extending eligibility for family planning services to eligible women between the ages 19 through 55 and men ages 19 through 60 whose income is at or below 185% of the federal poverty level.

The name of the waiver program is the “BE SMART” program.

### **Objectives of the Family Planning Waiver are:**

- Increase the number of reproductive age women and men receiving either Title XIX or Title X funded family planning services by improving access to and use of Medicaid family planning services.
- Reduce the number of inadequately spaced pregnancies by women in the target group thus improving birth outcomes and health of these women.
- Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.
- Impact positively the utilization of and “continuation rates” for contraceptive use among the target population.
- Increase the use of more effective methods of contraception in the target population.

### **Key features of the Family Planning Waiver include:**

- Providing comprehensive family planning services to eligible women and men who otherwise do not have access to these services.
- Providing screening, early detection, and education of sexually transmitted infections (STI), including Human Immunodeficiency Virus (HIV)/AIDS for women and men.
- Reducing the demand for abortions.
- Providing the opportunity for men to take the responsibility for being the primary contraceptive.
- Allowing women the opportunity to choose if and when to have children.

The Family Planning Waiver will also serve as the intervention and referral site for other health concerns for women and men.

There is no co-payment for any services received under the Family Planning Waiver.

**Recipients have the freedom of choice in deciding to receive or reject any family planning service.**

## **PROVIDERS**

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Participation in the Family Planning Waiver is open to all Medicaid enrolled providers whose licensure and accreditations allows them to provide family planning services. If you are currently enrolled as a North Carolina Medicaid provider and your licensure and accreditation allows you to provide family planning services, then there are no additional enrollment requirements.

Family Planning Waiver services can be provided by:

- Ambulatory Surgery Centers
- Birthing centers
- Certified Registered Nurse Anesthetists
- Federally Qualified Health Centers
- Laboratories
- Local health departments
- Nurse practitioners
- Nurse midwives
- Outpatient Hospitals
- Physicians
- Rural Health Clinics

For information on enrolling as a North Carolina Medicaid provider, refer to the DMA's website at <http://www.dhhs.state.nc.us/dma/provenroll.htm>.

### **NOTE:**

Providers are also required to keep records necessary to disclose the extent of services rendered to recipients and billed to the waiver. Refer to the Basic Medicaid Billing Guide on DMA's website at <http://www.dhhs.state.nc.us/dma/medbillcaguide.htm> for additional information on Principles of Medical Record Documentation.

### **OUTREACH MATERIALS**

Outreach materials are available to providers to display and/or distribute. Copies of the Family Planning Waiver outreach materials are available by completing [Attachment A](#) and returning it to the address on the order form.

DMA-3150 Family Planning Waiver Brochure

DMA-3151 Family Planning Waiver Poster (small)

DMA-3152 Family Planning Waiver Poster (large)

DMA-3153 Family Planning Waiver Provider Fact Sheet

Refer to DMA's website at <http://www.dhhs.state.nc.us/dma/forms.html> to download DMA forms.

Outreach materials are also available by calling the North Carolina Healthy Start Foundation at (919)828-1819.

## ELIGIBLE RECIPIENTS

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A new Medicaid eligibility category, MAF-D, has been created for the waiver. **The eligibility certification period is one year.** The eligible recipient will be identified by a blue Medicaid card with the following statement **“FAMILY PLANNING WAIVER: RECIPIENT ELIGIBLE FOR LIMITED FAMILY PLANNING SERVICES ONLY”** (Sample card page 4). Only one name will be listed per Medicaid card. For households with multiple recipients receiving waiver services, each recipient will receive a separate Medicaid card for Family Planning Waiver services.

Recipients eligible to receive waiver services are not eligible for Medicaid under any other current program. Family Planning Waiver services do not require enrollment in Carolina ACCESS. **There is no co-payment for services received under the Family Planning Waiver program.**

Eligible recipients are:

- Women age 19 through 55 or men age 19 through 60
- Income at or below 185% of the federal poverty level
- U.S. citizens or qualified alien
- Residents of North Carolina
- Not incarcerated
- Not pregnant
- Not permanently sterilized

Recipients can apply for the Family Planning Waiver by completing the DMA-5063, N.C. Health Check/Health Choice Application and DMA-5063A, Medicaid Family Planning Waiver (FPW) Application Addendum [Attachment B](#). Applications are also available at the local department of social services (DSS), the local health department, and other locations throughout the community.

Applications are available in Spanish.

Applications must be submitted to the local DSS either in person or by mail to be processed. Applications are generally processed within 45 days.

Recipients eligible for the Family Planning Waiver are also eligible to apply for assistance with transportation to appropriate medical appointments from the local DSS.

**There is no presumptive eligibility for the Family Planning Waiver.**

Refer to the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma/county.htm> under County Link for the Medicaid Family Planning Waiver eligibility policy, Family and Children's Eligibility Manual MA-3265, Medicaid Family Planning Waiver and Aged, Blind, and Disabled Eligibility Manual MA-2170.

Contact your local DSS regarding eligibility questions.

THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE

### MEDICAID IDENTIFICATION CARD

10-01-05 to 10-30-05

P.O. Box 111  
Any City, NC  
Zip=12345

CASE ID 10847667  
CASEHEAD Jane Recipient

CAP	COUNTY CASE NO 123456	ISSUANCE 08243 S	PROGRAM MAF	CLASS D	FROM 10-01-05	THRU 10-30-05	
RECIPIENT ID 123-45-6789K		ELIGIBLES FOR MEDICAID Jane Recipient  *** Family Planning Waiver *** Recipient Eligible For Limited Family Planning Services Only			INS NO 1	BIRTHDATE 08-02-1971	SEX F
INS NO	NAME CODE	POLICY NUMBER	TYPE	OCT 2005 MAF34 10847667 101 Jane Recipient 456 That Street That City, NC 45678  RRECIPIENT (Not valid unless signed) (Signature) _____			

Eligible Members

Jane Recipient

123-45-6789K

Family  
Planning  
Limited

## **SERVICES**

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The Family Planning Waiver includes services, procedures, and supplies which enable individuals to freely determine the size of their families. Covered services include:

- Examination (including counseling and patient education) and treatment prescribed by a physician and furnished by or under the physician's supervision
- Laboratory procedures
- Medically approved methods, procedures, pharmaceutical supplies, and devices to prevent conception through chemical, mechanical or other means
- Voluntary sterilization in accordance with sterilization guidance
- **When providing services for the Family Planning Waiver, providers should perform services as clinically indicated by nationally recognized standards of care (e.g., American College of Obstetricians and Gynecologists (ACOG), Centers for Disease Control and Prevention (CDC), American Cancer Society (ACS), and the US Preventive Services Task Force (USPSTF)).**

### **GENERAL BILLING GUIDANCE**

- Providers who bill using the CMS-1500 claim form must include the appropriate CPT/HCPCS code, **ICD-9-CM** Diagnosis, and FP modifier on all claims submitted for the Family Planning Waiver
- Providers who bill using the UB-92 claim form must include the appropriate revenue code and **ICD-9-CM** Diagnosis on all claims submitted for the Family Planning Waiver. Laboratory procedures when billed on the UB-92 claim form must include the appropriate revenue code, CPT code, and **ICD-9-CM** Diagnosis.
- An **ICD-9-CM Diagnosis** related to family planning services must be the primary diagnosis on the claim form. A complete list is located on page 24.
- Providers must select the most appropriate codes for services rendered under the Family Planning Waiver and adhere to all the components of the code as defined by the American Medical Association.



## ANNUAL EXAMINATION

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An annual examination must be completed on all Family Planning Waiver recipients. **The annual examination must be performed for all waiver recipients before any other waiver services can be administered.** However, if emergent or urgent contraceptive services are needed, recipients are allowed limited emergency department visits prior to an annual examination. For family planning waiver purposes, it is recommended that the annual examination include the following components:

- comprehensive history
- information and education regarding contraceptive methods
- physical examination including:
  - thyroid palpation
  - inspection and palpation of breasts, axillary glands and/or testicular, with instructions to the patient for self-examination
  - auscultation of heart
  - auscultation of lungs
  - blood pressure
  - weight and height
  - abdominal examination
  - pelvic, including speculum, bimanual, and rectovaginal or rectal examination
  - extremities
  - others as indicated
- laboratory services:
  - hematocrit or hemoglobin
  - urinalysis for sugar and protein
  - papanicolaou smears (including repeat smears for insufficient cells)
  - culture for N. gonorrhea
  - serology for syphilis
  - screening for other specified STIs
  - screening for HIV
- prescription of contraceptive method
- post-examination interview including:
  - interpretation of clinical findings to patient
  - instructions in the use of chosen method of contraception (preferably both oral and written instructions)
  - scheduling appropriate follow-up visits
- referrals to appropriate resources for other medical or social problems as indicated (including referrals to primary care “safety net” providers)

**One annual examination is allowed per 365 days.**

**ANNUAL EXAMINATION DATE**

**For Family Planning Waiver services, the annual examination date (AED) must be entered on the claim form. An emergency department visit does not require an AED to be entered on the claim.**

- Providers who bill on the CMS-1500 must enter the AED in block 15.
- Providers who bill on the UB-92 must use the occurrence form locators 32, 33, 34, or 35. Enter an “11” in the occurrence code field and then enter the AED in the corresponding “date” field.

**NOTE:**

The AED must be a valid month, day, and year (i.e. 10/01/2005).

Annual Examination	
99203	Office/outpatient visit; new patient moderate, physician time approx 30 minutes
99204	Office/outpatient visit; new patient complex, physician time approx 40 minutes
99205	Office/outpatient visit; new patient complex, physician time approx 60 minutes
99214	Office/outpatient visit; established patient severe, physician time approx 25 minutes
99215	Office/outpatient visit; established patient severe, physician time approx 40 minutes
99385*	Initial comprehensive preventive medicine, new patient, 18-39 years
99386*	Initial comprehensive preventive medicine, new patient, 40-64 years
99395*	Periodic comprehensive preventive medicine, established patient, 18-39 years
99396*	Periodic comprehensive preventive medicine, established patient, 40-64 years
RC 510	Clinic, general classification
RC 519	Clinic, other clinic

**NOTE:**

\*Providers must adhere to the age requirements outlined in the waiver. Women age 19 through 55 and men age 19 through 60.

**LABORATORY PROCEDURES**

The following laboratory procedures are **only allowable for the Family Planning Waiver when performed “in conjunction with” an annual examination**, with the exception of pregnancy tests. For the purpose of the Family Planning Waiver, “in conjunction with” has been defined as the day of the procedure or 30 days after the procedure.

**Providers must include the AED on all claims submitted for Family Planning Waiver services, except for emergency department visits. The AED is the date of the annual examination.**

The following laboratory procedures are allowed under the Family Planning Waiver:

Pregnancy Test	Pap Smear
Urinalysis	HIV Screening
Blood Count	STI Screening

**PREGNANCY TEST**

Pregnancy tests are only allowed during an annual examination, periodic visit, office “after hours” visit, emergency department visit, and sterilization consultation visit. One pregnancy test is allowed with an annual examination and up to an additional **six pregnancy tests are allowed with other visits per 365 days for a total of seven.**

<b>Pregnancy Test</b>	
84702	HCG quantitative
84703	HCG qualitative
81025	Urine pregnancy test

<b>Urinalysis</b>	
81000	Urinalysis, by dip stick or tablet reagent; non-automated, with microscopy
81001	Urinalysis, by dip stick or tablet reagent; automated with microscopy
81002	Urinalysis, by dip stick or tablet reagent; non-automated without microscopy
81003	Urinalysis, by dip stick or tablet reagent; automated without microscopy
<ul style="list-style-type: none"> <li>Providers are allowed one urinalysis procedure code per 365 days in conjunction with an annual examination.</li> </ul>	

Blood Count	
85013	Blood count; spun microhematocrit
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
85027	Blood count; complete(CBC), automated (Hgh, Hct, RBC, WBC and platelet count)
<ul style="list-style-type: none"> <li>Providers are allowed one blood count procedure code per 365 days in conjunction with an annual examination.</li> </ul>	

**PAP SMEAR**

Clinical Laboratory Improvement Amendments (CLIA) certified laboratories, hospitals, and physicians may bill one pap smear procedure per 365 in conjunction with an annual examination.

**COLLECTION OF PAP SMEARS**

Pap Smear CPT codes should not be used to bill collection of a specimen. Collection of the smear is included in the reimbursement for office visits and no separate fee is allowed. Providers who do not perform the lab test should not bill the pap smears. Only the provider who actually performs the lab test should bill the pap smear codes, except as noted below for physician interpretation.

**PHYSICIAN INTERPRETATION PROCEDURE CODE**

CPT procedure code 88141 is the only code that physicians may use to bill the physician interpretation of Pap smear. Because 88141 has no components, it must be billed without modifier 26. Hospitals billing for physician interpretation should bill 88141 on CMS-1500 claim form using the hospital’s professional provider number. If the physician and hospital bill on the same date of service for the interpretation and the technical component, both will be eligible for reimbursement.

**PAP SMEAR TECHNICAL COMPONENT PROCEDURE CODE**

The provider who renders the technical service must choose a procedure code from one of the codes listed below. The codes do not include professional and technical components (TC) but are considered technical and should be billed as technical procedures without modifier TC. Use add-on code 88155 when appropriate in conjunction with codes 88142 through 88154 and 88164 through 88167.

**REPEAT PAP SMEAR FOR INSUFFICIENT CELLS**

One repeat pap smear is allowed due to insufficient cells. Providers must perform the repeat pap smear within 180 days of the first pap smear. Providers must include the **ICD-9-CM Diagnosis 795.08** as the secondary diagnosis on the appropriate claim.

Pap Smear	
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (use in conjunction with 88142-88154, 88164-88167)
88142	Cytopathology, cervical or vaginal (any reporting system); manual screening under physician supervision
88143	Cytopathology, manual screening & rescreening under physician supervision
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	Cytopathology smears, screening by automated system with manual rescreening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88164	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88165	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
88166	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
88167	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under the physician supervision

## HIV SCREENING

The Family Planning Waiver allows screening for HIV when performed in conjunction with an annual examination. **This is a recommended screening and should be completed as necessary and appropriate.** Providers must include the **ICD-9-CM Diagnosis 042** as the secondary diagnosis on the appropriate claim.

**Providers must include the AED on all claims submitted for Family Planning Waiver services, except for emergency department visits. The AED is the date of the annual examination.**

<b>HIV Screening</b>	
86689	HTLV or HIV antibody
86701	HIV-1
86702	HIV-2
86703	HIV-1&2
87390	HIV-1
87391	HIV-2
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification
<ul style="list-style-type: none"> <li>Providers are allowed one HIV screening per 365 days in conjunction with annual examination.</li> </ul>	

**STI SCREENING**

STI screenings are also covered under the Family Planning Waiver when performed in conjunction with an annual examination.

**Providers must include the AED on all claims submitted for Family Planning Waiver services, except for emergency department visits. The AED is the date of the annual examination.**

<b>Gonorrhea</b>	
87590	Neisseria gonorrhea, direct probe technique
87591	Neisseria gonorrhea, amplified probe technique
87592	Neisseria gonorrhea, quantification
87850	Neisseria gonorrhea
<ul style="list-style-type: none"> <li>Providers are allowed one gonorrhea screening per 365 days in conjunction with the annual examination.</li> </ul>	

<b>Syphilis</b>	
86592	Syphilis test; qualitative
86593	Syphilis test; quantitative
<ul style="list-style-type: none"> <li>Providers are allowed one syphilis screening per 365 days in conjunction with the annual examination.</li> </ul>	

<b>General STI Screening</b>	
87081	Culture, bacterial, screening only, for single organisms
87210	Smear, primary source, with interpretation; wet mount for infectious agents
<ul style="list-style-type: none"> <li>Providers are allowed one general STI screening per 365 days in conjunction with the annual examination.</li> </ul>	

<b>Chlamydia</b>	
86631	Chlamydia
86632	Chlamydia, IgM
87110	Culture, Chlamydia
87270	Infectious agent antigen detection by immunofluorescent technique; adenovirus; Chlamydia trachomatis
87320	Infectious agent antigen detection by enzyme immunoassay technique; adenovirus; Chlamydia trachomatis
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
<ul style="list-style-type: none"> <li>Providers are allowed one Chlamydia screening per 365 days in conjunction with the annual examination.</li> </ul>	

Herpes	
86694	Herpes simplex, non-specific type test
86695	Herpes simplex, type 1
86696	Herpes simplex, type 2
87207	Smear, primary source, with interpretation; special stain for inclusion bodies or parasites
87273	Herpes simplex virus, type 2
87274	Herpes simplex virus, type 1
87528	Herpes simplex virus, direct probe technique
87529	Herpes simplex virus, amplified probe technique
87530	Herpes simplex virus, quantification
<ul style="list-style-type: none"> <li>Providers are allowed one Herpes screening per 365 days in conjunction with the annual examination.</li> </ul>	

Treponema	
86781	Treponema pallidum, confirmatory test
87285	Treponema pallidum
<ul style="list-style-type: none"> <li>Providers are allowed one Treponema screening per 365 days in conjunction with the annual examination.</li> </ul>	

**STI TREATMENT**

One course of STI (antibiotic treatment) from the approved list for each organism identified above is allowed per calendar year for the Family Planning Waiver. **All approved antibiotics must have the appropriate ICD-9-CM on the prescription. All prescriptions for STI treatment must be filled on the same day. This day is not required to be the same day as the AED. The AED is not required on STI prescriptions.** For a complete list of ICD-9-CM diagnoses and medications, refer to [Attachment C](#).



## PERIODIC VISIT

**Six periodic visits are allowed per 365 days.** The purpose of the periodic visits is to evaluate the recipient’s contraceptive program, renew or change the contraceptive prescription and to provide additional opportunities for counseling. **Providers must include the AED on all claims submitted for Family Planning Waiver services, except for emergency department visits. The AED is date of the annual examination.**

The periodic revisit with pelvic or “method problem” visit with pelvic should include:

- an interim medical history, including assessment of presenting problem(s) and general well-being with evidence that the following conditions were investigated according to oral contraceptive or IUD user:

Oral Contraceptive Users	IUD Users
Presence of headaches	Presence of abdominal pain
Visual disturbances	Unusual bleeding or vaginal discharge
Chest, abdominal or leg pain	Fever chills and other symptoms of infection
Depression or abnormal mood changes	

- blood pressure and weight
- pelvic examination, if appropriate
- education – assessment that the patient is using the method correctly; follow-up health instructions
- counseling and referral
- scheduling of return visits, if appropriate

A scheduled revisit without pelvic or “method problem” visit without pelvic should include the above series except for the pelvic examination.

Periodic Visit	
99201	Office/outpatient visit; new patient physician time approx 10 minutes
99202	Office/outpatient visit; new patient moderate, physician time approx 20 minutes
99211	Office/outpatient visit; established patient minimal, physician time approx 5 minutes
99212	Office/outpatient visit; established patient minor, physician time approx 10 minutes
99213	Office/outpatient visit; established patient severe, physician time approx 15 minutes
99281	Emergency department visit

<b>Periodic Visit (cont)</b>	
RC 45X	Emergency room
RC 510	Clinic, general classification
RC 519	Clinic, other clinic

**OFFICE “AFTER HOURS” VISITS**

Office “after hours” visits are only covered when services are provided outside the posted office hours for emergency or urgent contraceptive care. It is appropriate to bill office “after hours” visit codes when the providers goes into the office before the posted opening hours or after the posted closing hours to provide emergent or urgent contraception.

**Office “after hours” visits will be counted as one of the six periodic visits and are subject to the same 365 day limit.** Providers must bill using **ICD-9-CM Diagnosis V25.03** when providing office “after hours” visits.

Only established patients are eligible to receive emergency office “after hours” visits. Office “after hours” visits are not covered when routine family planning services are available to recipients. **Office “after hours” codes are not covered when the service is provided in a hospital emergency department.**

**Providers must include the AED on all claims submitted for Family Planning Waiver services, except for emergency department visits. The AED is the date of the annual examination.**

Refer to DMA’s website <http://www.dhhs.state.nc.us/dma/apa/a1.pdf> for additional information on the After Hours Office Visit policy.

<b>Office After Hours Visit</b>	
99050	Services requested after posted office hours in addition to basic service
<ul style="list-style-type: none"> <li>• Providers must include an office visit CPT code along with an after office hours CPT code (i.e., 99211+99050=1 visit).</li> <li>• An FP modifier must be appended to both the office visit code and the office “after hours” code.</li> </ul>	

**EMERGENCY DEPARTMENT VISIT**

Emergency department visits are covered when the recipient is of need of emergent or urgent contraception. **Emergency department visits are counted as one of the six periodic visits and are subject to the same 365 days limit.** Providers must bill using **ICD-9-CM Diagnosis V25.03** when providing an emergency department visit. **An AED is not required for emergency department visits.** Providers are encouraged to educate recipients on the appropriate use of an emergency room visit.

<b>Emergency Department</b>	
99281	Emergency department visit
RC 45X	Emergency room

## STERILIZATIONS

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Sterilization procedures for women and men are covered under the Family Planning Waiver. **A sterilization procedure is limited to one per lifetime. Providers must include the AED on all claims submitted for Family Planning Waiver services, except for emergency department visits.** The North Carolina Medicaid program is bound by stringent federal guidelines in regard to coverage of sterilization procedures. The guidelines are as follows:

- The recipient is at least 21 years old at the time the sterilization consent is obtained.
- The recipient is not a mentally incompetent recipient.
- At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of the sterilization except under the following circumstances:
  - **Premature delivery** - Informed consent must be given at least **30 days before the expected date of delivery** and at least 72 hours must have passed since the informed consent was given.
  - **Emergency abdominal surgery** - At least 72 hours must have passed since the informed consent was given.
  - The recipient has voluntarily given informed consent in accordance with all the requirements prescribed in 42 CFR 441.257 and 441.258. The recipient must be:
    - Given an opportunity to ask and receive answers to questions concerning the procedure and provided a copy of the consent form
    - Advised that sterilization consent may be withdrawn at any time before the sterilization procedure without affecting the right to future care or treatment and without loss of or withdrawal of any federally funded program benefits to which the recipient might otherwise be entitled
    - Counseled in alternative methods of family planning and birth control
    - Advised that the sterilization procedure is considered to be irreversible
    - Provided a thorough explanation of the specific sterilization procedure to be performed
    - Provided a full description of the possible discomforts and risks that may accompany or follow the performing of the procedure, including an explanation of the type and possible effects of any anesthetic to be used
    - Provided a full description of the benefits or advantages that may be expected as a result of the sterilization
    - Provided suitable arrangements to ensure that information is effectively communicated if the recipient is blind, deaf, or otherwise handicapped
    - Provided an interpreter if the recipient does not understand the language used on the consent form or the language used by the person obtaining consent
    - Permitted to have a witness of his or her choice present when the consent is obtained

**NOTE:**

**North Carolina Medicaid does not cover sterilization reversals.**

**CONSENT FORM**

The sterilization consent form is a federally mandated document. The form must be on file with Medicaid’s fiscal agent, and all federal regulations pertaining to the completion of the form **must** be satisfied prior to payment of a sterilization claim. The consent form must be Health and Human Services approved.

The sterilization consent form is a three-copy form. The pink copy should be given to the recipient for their records; the physician should retain the yellow copy; and the white copy should be submitted to the address listed on the form. **Consent forms may be obtained by calling the fiscal agent at 1-800-688-6696 or refer to Attachment D.**

**CONSULTATION FOR STERILIZATION**

The Family Planning Waiver will cover consultation for a sterilization procedure. When a provider refers a recipient to **another provider** for a sterilization procedure, then the provider performing the sterilization procedure must select one of the following codes when providing consultation to the recipient. **Recipients are allowed two consultations for sterilization per lifetime.**

<b>Consultation</b>	
99241	Office consultation; new or established patient minor, physician time approx 15 minutes
99242	Office consultation; new or established patient low, physician time approx 30 minutes
99243	Office consultation; new or established patient moderate, physician time approx 40 minutes
99244	Office consultation; new or established patient severe, physician time approx 60 minutes
99245	Office consultation; new or established patient complex, physician time approx 80 minutes
RC 510	Clinic, general classification
RC 519	Clinic, other clinic

<b>Sterilization</b>	
55250	Vasectomy, unilateral or bilateral (including postop semen examination(s))
55450	Ligation of vas deferens, unilateral or bilateral
58600	Ligation or transaction fallopian tubes abdominal or vaginal approach, unilateral or bilateral
58615	Occlusion of fallopian tube(s) by device vaginal or suprapubic approach
58670	Laparoscopy surgical; with fulguration of oviducts (with or without transaction)
58671	Tubal ligation by laparoscopic surgery with occlusion of device (band, clip or Falope ring)
RC 36X	Operating room services
RC 49X	Ambulatory surgical care
<ul style="list-style-type: none"> <li>• Providers are allowed one permanent sterilization procedure per lifetime.</li> </ul>	

**ADDITIONAL STERILIZATION SERVICES**

The Family Planning Waiver also covers anesthesia, X-rays, EKGs, and surgical pathology when provided with a sterilization procedure. Providers must bill using **ICD-9-CM Diagnosis V25.2** when performing a sterilization procedure and additional sterilization services.

<b>Anesthesia</b>	
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00851	Anesthesia intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transaction
00921	Anesthesia for procedure on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral
RC37X	Anesthesia
<ul style="list-style-type: none"> <li>• <b>Providers are still required to bill with the appropriate anesthesia modifier.</b></li> <li>• The hospital’s facility charges are billed on the UB-92 claim form with RC in the 37X range. Only the facility charges are included in the RC code. CRNA professional charges must not be included in the RC code.</li> <li>• The surgeon bills for the surgical charges on the CMS 1500-claim form.</li> </ul>	

<b>X-ray</b>	
71010	Radiologic examination, chest; single view, frontal
RC 32X	Radiology-Diagnostic
<ul style="list-style-type: none"> <li>Providers are allowed one x-ray for the sterilization procedure per lifetime.</li> </ul>	

<b>EKG</b>	
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
RC 73X	EKG/ECG
<ul style="list-style-type: none"> <li>Providers are allowed one EKG for the sterilization procedure per lifetime.</li> </ul>	

<b>Surgical Pathology</b>	
88302	Surgical pathology, gross and microscopic examination
89310	Semen analysis; motility and count (not including Huhner test)
<ul style="list-style-type: none"> <li>CPT code 89302 and 89310 are each allowed twice per lifetime as part of a sterilization procedure.</li> </ul>	

**MEDICATIONS**

Post operative medications are covered for sterilizations in the Family Planning Waiver. All approved post-operative medications must have **ICD-9-CM Diagnosis V25.2** on the prescription. For a complete list of approved antibiotics and pain medications, refer to [Attachment E](#).

<b>NOTE:</b>
Once a recipient has had a permanent sterilization procedure and the necessary post-surgical follow-up has occurred, the recipient is no longer eligible for Family Planning Waiver services.

## CONTRACEPTIVE SUPPLIES AND DEVICES

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FDA approved and Medicaid covered pharmaceutical supplies and devices, such as oral contraceptive pills, intrauterine devices, and injections are covered under the Family Planning Waiver if provided for family planning purposes.

**There is no co payment for approved contraceptive supplies and devices.**

### PHARMACEUTICAL SUPPLIES

All eligible drugs for the Family Planning Waiver will have a family planning indicator on the drug file (including birth control pills, Depo-provera, Ortho Evra, Nuva Ring). The dispensing fee is based on regular Medicaid rules. **There is a six prescription limit per month with no override capability.** Providers are not allowed to distribute “brand medically necessary” (DAW1) drugs, if a generic is available. All claims must be submitted via Point of Sale (POS) and must have the approved ICD-9-CM code.

**NOTE:**  
The AED is not required on Family Planning Waiver prescriptions.

### BIRTH CONTROL PILLS

Birth control pills may be dispensed through a pharmacy. A recipient may receive up to a 3- month supply.

### DIAPHRAGMS

Family Planning Waiver recipients can choose a diaphragm as a birth control method. A provider can fit the patient and bill using the appropriate CPT code for diaphragm fitting. However, the Medicaid program does not cover diaphragms.

### INJECTABLE DRUGS

Depo-provera contraceptive injection is a covered service. Use the diagnosis code for contraceptive management. The appropriate office visit code may be billed separately.

### INTRAUTERINE DEVICES (IUDs)

The codes for IUD insertion correspond to the specific intrauterine device (IUD).

<b>J7300</b>	Par gard (T380A)
<b>J7302</b>	Mirena

When billing for IUD insertion, CPT code 58300 is used. The CPT code for removal of IUD is 58301, which includes an office visit.

### EMERGENCY CONTRACEPTIVES

Emergency contraceptives are a covered service. The appropriate office visit code may be billed separately.

**NORPLANT**

The Family Planning Waiver covers the removal of Norplant. The global period for 11976 is one (1) pre-care day and ninety (90) post-operative days.

<b>Procedures</b>	
11976	Removal, implantable contraceptive capsule
57170	Diaphragm-fitting with instruction
58300	Insert intrauterine device
58301	Removal of intrauterine device
RC 510	Clinic, general classification
RC 519	Clinic, other clinic
<ul style="list-style-type: none"> <li>• Providers <b>should not</b> bill a separate periodic office visit code for CPT codes 57170, 58300, and 58301; an office visit component is included in the reimbursement.</li> <li>• CPT codes 57170, 58300, and 58301 are included in the six periodic visit limitation.</li> <li>• When diaphragm-fitting, intrauterine device insertion, or removal of an intrauterine device occurs during an annual examination, providers must only bill the appropriate annual examination procedure code.</li> </ul>	

<b>Supplies and Devices</b>	
J1055	Depo-provera (medroxyprogesterone acetate and estradiol cypionate, 0.5ml) injection
J7300	Para gard T380A (Intra Uterine Device)
J7302	Levonorgestrel-releasing Intrauterine system (Mirena)
RC 25X	Pharmacy
RC 27X	Medical/surgical supplies and devices
<ul style="list-style-type: none"> <li>• Providers may bill a periodic visit code when administering Depo-provera; however, the use of a periodic visit code is subject to the 6 periodic visit limit.</li> </ul>	



## SERVICES OTHER THAN FAMILY PLANNING

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Services required to manage or treat medical conditions/problems (not including STIs) discovered during a screening or caused by or following a family planning procedure (i.e., medical complications from family planning procedures, UTIs, diabetes, hypertension, breast lumps) are not covered under the Family Planning Waiver.

The following are examples of additional services which are not covered under the waiver:

- Abortions
- Infertility services
- Treatment for AIDS and cancer

**NOTE:**

If a provider discovers any of the above conditions/problems and the provider is unable to offer affordable services, then a referral to a primary care “safety net” provider who provides services to the indigent must be made.

## REFERRALS

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A referral to a primary care “safety net” provider must be made when medical conditions/problems indicated by history, physical examination, or laboratory and clinical tests are discovered that are outside the scope of the Family Planning Waiver and the provider has no mechanism to make services financially affordable or with no regard to the recipient’s ability to pay. Primary care “safety net” providers also offer services for free or on a sliding-fee scale basis.

For a list of primary care “safety net” providers in your area, refer to [Attachment F](#). This list is updated yearly and published in the General Medicaid Bulletin.

**NOTE:**

If a provider discovers that a recipient is pregnant, a referral to the local DSS for enrollment in the Medicaid for Pregnant Women program should be made.

## **QUALITY ASSURANCE**

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Quality assurance monitoring is a required component of the Family Planning Waiver. The goals of the monitoring are:

- to assure accessibility of family planning services to eligible recipients
- to assure that enrolled providers follow the guidelines as outlined in the Family Planning Waiver clinical coverage policy.
- to measure the delivery of health care services through utilization monitoring, patient satisfaction surveys, complaint monitoring, focused care studies and quality improvement projects.

Outcome and summary reports will also be developed to evaluate the effectiveness of the waiver.

**FAMILY PLANNING WAIVER  
ICD-9-CM DIAGNOSIS CODES LIST**

<b>V25.01</b>	<b>Prescription of oral contraceptives</b>
<b>V25.02</b>	<b>Initiation of other contraceptive measures</b>
<b>V25.03</b>	<b>Encounter for emergency contraceptive counseling and prescription</b>
<b>V25.09</b>	<b>Other</b>
<b>V25.1</b>	<b>Insertion of intrauterine contraceptive device</b>
<b>V25.2</b>	<b>Sterilization</b>
<b>V25.40</b>	<b>Contraceptive surveillance, unspecified</b>
<b>V25.41</b>	<b>Contraceptive pill</b>
<b>V25.42</b>	<b>Intrauterine contraceptive device</b>
<b>V25.43</b>	<b>Implantable subdermal contraceptive</b>
<b>V25.49</b>	<b>Other contraceptive method</b>
<b>V25.5</b>	<b>Insertion of implantable subdermal contraceptive</b>
<b>V25.8</b>	<b>Other specified contraceptive management</b>
<b>V25.9</b>	<b>Unspecified contraceptive management</b>

## **TIPS FOR BILLING**

### **PRIVATE PHYSICIAN PROVIDERS**

- All services must be billed with the appropriate CPT/HCPCS code, ICD-9-CM diagnosis, and FP modifier.
- The AED must be entered in block 15 on the CMS-1500. The AED is required on all claims, except for emergency department visits.
- All approved antibiotic treatment and pain medications must have the appropriate ICD-9-CM diagnosis written on the prescription.
- No “brand medically necessary” (DAW1) medications are allowed, if a generic is available.
- All applicable North Carolina Medicaid policies and procedures must be adhered to in addition to those listed in this special bulletin.

### **FEDERALLY QUALIFIED HEALTH CENTERS/RURAL HEALTH CLINICS**

- All services must be billed with the appropriate CPT/HCPCS code, ICD-9-CM diagnosis, and FP modifier.
- The AED must be entered in block 15 on the CMS-1500. The AED is required on all claims, except for emergency department visits.
- All FQHC/RHC providers must bill using the “C” suffix provider number.
- The core service code is not allowed with Family Planning Waiver services.
- All approved antibiotic treatment and pain medications must have the appropriate ICD-9-CM diagnosis written on the prescription.
- No “brand medically necessary” (DAW1) medications are allowed, if a generic is available.
- All applicable North Carolina Medicaid policies and procedures must be adhered to in addition to those listed in this special bulletin.

### **LOCAL HEALTH DEPARTMENTS**

- All services must be billed with the appropriate CPT/HCPCS code, ICD-9-CM diagnosis, and FP modifier.
- The AED must be entered in block 15 on the CMS-1500. The AED is required on all claims, except for emergency department visits.
- Indicate “Yes” on the HSIS Service Screen data field for Family Planning Waiver Services.
- All approved antibiotic treatment and pain medications must have the appropriate ICD-9-CM diagnosis written on the prescription.
- No “brand medically necessary” (DAW1) medications are allowed, if a generic is available.
- All applicable North Carolina Medicaid policies and procedures must be adhered to in addition to those listed in this special bulletin.

## **TIPS FOR BILLING (CONT)**

### **OUTPATIENT HOSPITALS**

- All services must be billed with the appropriate Revenue code, CPT code, and ICD-9-CM diagnosis.
- All laboratories services must be billed with the appropriate laboratory revenue code and HCPCS code.
- Hospital providers must use the occurrence form locators 32, 33, 34, or 35. Enter an “11” in the occurrence code field and then enter the AED in the corresponding “date” field.
- All approved antibiotic treatment and pain medications must have the appropriate ICD-9-CM diagnosis written on the prescription.
- No “brand medically necessary” (DAW1) medications are allowed, if generic is available.
- All applicable North Carolina Medicaid policies and procedures must be adhered to in addition to those listed in this special bulletin.

### **PHARMACY (OUTPATIENT ONLY)**

- All eligible drugs will have a family planning indicator on the drug file (including birth control pills, Depo-provera, Ortho Evra).
- All claims must be submitted via point of sale with the approved ICD-9-CM diagnosis written on the prescription.
- All approved antibiotic treatment and pain medications must have the appropriate ICD-9-CM diagnosis written on the prescription.
- No “brand medically necessary” (DAW1) medications are allowed, if a generic is available.
- Dispensing fee based on Medicaid rules.
- All applicable North Carolina Medicaid policies and procedures must be adhered to in addition to those listed in this special bulletin.

PLEASE DO NOT STAPLE IN THIS AREA



Annual Exam

CARRIER

HEALTH INSURANCE CLAIM FORM

1. MEDICARE  PICA  MEDICAID  CHAMPUS  CHAMPVA  GROUP HEALTH PLAN (SSN or ID)  FECA  LUNG  OTHER  (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) **111111111E**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) **Recipient, Jane**

3. PATIENT'S BIRTH DATE **MM DD YY 09 11 71** SEX **M**  **F**

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) **123 Recipient Street**

6. PATIENT RELATIONSHIP TO INSURED **Self**  Spouse  Child  Other

7. INSURED'S ADDRESS (No., Street)

8. PATIENT STATUS **Single**  Married  Other

9. EMPLOYED  Full-Time  Part-Time  Student

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (CURRENT OR PREVIOUS)  YES  NO

b. AUTO ACCIDENT?  YES  NO PLACE (State)

c. OTHER ACCIDENT?  YES  NO

10a. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

14. DATE OF CURRENT ILLNESS (First symptoms or INJURY (Accident or PREGNANCY/LMP)) **MM DD YY 10 01 05**

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE **MM DD YY 10 01 05**

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM **MM DD YY** TO **MM DD YY**

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM **MM DD YY** TO **MM DD YY**

19. RESERVED FOR LOCAL USE **1234567**

20. OUTSIDE LAB?  YES  NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. **V25 01**

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

A	B		C	D	E	F	G	H	I	J	K	
	DATE(S) OF SERVICE, FROM	TO										Place of Service
1	10 01 05	10 01 05	11		99203   FP		88	00	1			
2												
3												
4												
5												
6												

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. FEDERAL TAX I.D. NUMBER **12345** SSN EIN

25. PATIENT'S ACCOUNT NO. **12345**

26. ACCEPT ASSIGNMENT? (For gov. claims, see back)  YES  NO

27. TOTAL CHARGE **\$ 88 00**

28. AMOUNT PAID **\$**

29. BALANCE DUE **\$ 88 00**

30. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

31. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)

32. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

Provider Incorporated 123 Provider Street Raleigh, N.C. 12345

Signature on file 10-01-2006

PPN# 1111111 CPT# 222222c

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.

**NOTICE:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

**REFERS TO GOVERNMENT PROGRAMS ONLY**

**MEDICARE AND CHAMPUS PAYMENTS:** A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge. CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Insured", i.e., items 1a, 4, 6, 7, 9, and 11.

**BLACK LUNG AND FECA CLAIMS**

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

**SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)**

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished incident to my professional service by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bills.

For CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black-Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

**NOTICE:** Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

**NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT)**

We are authorized by CMS, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1982, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (5), and 44 USC 3101; 41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 8101 et seq; and 30 USC 901 et seq; 38 USC 613; E.O. 9397.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

**FOR MEDICARE CLAIMS:** See the notice modifying system No. 09-70-0501, titled, "Carrier Medicare Claims Record," published in the *Federal Register*, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

**FOR OWCP CLAIMS:** Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," *Federal Register* Vol. 55 No. 40, Wed Feb. 28, 1990, See ESA-5, ESA-8, ESA-12, ESA-13, ESA-30, or as updated and republished.

**FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSE(S):** To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

**ROUTINE USE(S):** Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

**DISCLOSURES:** Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

**MEDICAID PAYMENTS (PROVIDER CERTIFICATION)**

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

**SIGNATURE OF PHYSICIAN (OR SUPPLIER):** I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

**NOTICE:** This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0008. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection, if you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1860.

PLEASE DO NOT STAPLE IN THIS AREA



Periodic Visit

HEALTH INSURANCE CLAIM FORM

1. MEDICARE  MEDICAID  CHAMPUS  CHAMPVA  GROUP HEALTH PLAN  FECA BLK LUNG  OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
Recipient, Jane

3. PATIENT'S BIRTH DATE  
MM DD YY  
09 11 85

4. INSURED'S NAME (Last Name, First Name, Middle Initial)  
333333333A

5. PATIENT'S ADDRESS (No., Street)  
123 Recipient Street

6. PATIENT RELATIONSHIP TO INSURED  
Self  Spouse  Child  Other

7. INSURED'S ADDRESS (No., Street)  
CITY STATE ZIP CODE TELEPHONE (INCLUDE AREA CODE)

8. PATIENT STATUS  
Single  Married  Other   
Employed  Full-Time Student  Part-Time Student

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  
a. OTHER INSURED'S POLICY OR GROUP NUMBER  
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M  F   
c. EMPLOYER'S NAME OR SCHOOL NAME  
d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:  
a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES  NO   
b. AUTO ACCIDENT? PLACE (SMM) YES  NO   
c. OTHER ACCIDENT? YES  NO   
10I. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER  
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  
SIGNED \_\_\_\_\_

14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY  
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY  
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE  
17a. I.D. NUMBER OF REFERRING PHYSICIAN  
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE  
1234567

20. OUTSIDE LAB? \$ CHARGES  
 YES  NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)  
1. V25 01  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.  
23. PRIOR AUTHORIZATION NUMBER

24	A	DATE(S) OF SERVICE FROM			B	C	D	E	F			K						
		MM	DD	YY					MM	DD	YY		\$ CHARGES	DAYS REPORT OR UNITS	EMG	COB	RESERVED FOR LOCAL USE	
1		10	01	05	10	01	05	11		99212	FP		34	88	1			
2																		
3																		
4																		
5																		
6																		

25. FEDERAL TAX I.D. NUMBER SSN EIN  
26. PATIENT'S ACCOUNT NO. 12345  
27. ACCEPT ASSIGNMENT? (For govt. claims, 999 only) YES  NO

28. TOTAL CHARGE \$ 34.88  
29. AMOUNT PAID \$  
30. BALANCE DUE \$ 34.88

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  
Signature on file 10-01-2005  
SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)  
Provider Incorporated 123 Provider Street Raleigh, N.C. 12345  
PIN# 1111111 GRP# 2222222

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 6/88) PLEASE PRINT OR TYPE APPROVED CMS-0635-0008 FORM CMS-1500 (12/95), FORM RFB-1500, APPROVED CMS-1215-0025 FORM OWCP-1500, APPROVED CMS-0720-0001 (CHAMPUS)



PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA



Sterilization

HEALTH INSURANCE CLAIM FORM

1. MEDICARE <input type="checkbox"/> (Medicare #)	MEDICAID <input checked="" type="checkbox"/> (Medicaid #)	CHAMPUS <input type="checkbox"/> (Sponsor's SSN)	CHAMPVA <input type="checkbox"/> (VA File #)	GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)	FECA <input type="checkbox"/> (SSN)	DUAL/BLIND <input type="checkbox"/> (SSN)	OTHER <input type="checkbox"/> (ID)	14. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 222222222E
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Recipient, Joe				3. PATIENT'S BIRTH DATE MM DD YY 09 11 71		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street) 123 Recipient Street				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)		8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
CITY Recipient City		STATE NC		9. PATIENT STATUS Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Other <input type="checkbox"/>		CITY		STATE
ZIP CODE 12345		TELEPHONE (Include Area Code) (123) 456-7890		Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>		ZIP CODE		TELEPHONE (INCLUDE AREA CODE) ( )
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	10a. RESERVED FOR LOCAL USE	11. INSURED'S POLICY GROUP OR FECA NUMBER	11a. INSURED'S DATE OF BIRTH MM DD YY	SEX M <input type="checkbox"/> F <input type="checkbox"/>	11b. EMPLOYER'S NAME OR SCHOOL NAME	11c. INSURANCE PLAN NAME OR PROGRAM NAME	11d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 e-d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED _____ DATE _____	13. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED _____ DATE _____	14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident or PREGNANCY/LMP) MM DD YY	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE	17a. I.D. NUMBER OF REFERRING PHYSICIAN	
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	19. RESERVED FOR LOCAL USE 1234567	20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 1. V252	22. MEDICARE RESUBMISSION CODE ORIGINAL REF. NO.	23. PRIOR AUTHORIZATION NUMBER	24. TABLE OF SERVICES	25. FEDERAL TAX I.D. NUMBER	
24. TABLE OF SERVICES	25. FEDERAL TAX I.D. NUMBER	26. PATIENT'S ACCOUNT NO. 12345	27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 387.44	29. AMOUNT PAID \$	30. BALANCE DUE \$ 387.44	31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Signature on file 10-01-2005 SIGNED _____ DATE _____	
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)	33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # Provider Incorporated 123 Provider Street Raleigh, N.C. 12345 Phone 1111111 GRP# 2222222	34. APPROVED BY AMA COUNCIL ON MEDICAL SERVICE (6/88)	PLEASE PRINT OR TYPE	APPROVED OMB-0938-0008 FORM CMS-1500 (12/90), FORM RFB-1500, APPROVED OMB-1215-0095 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)				

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

PLEASE DO NOT STAPLE IN THIS AREA



Anesthesia

HEALTH INSURANCE CLAIM FORM

1. MEDICARE  MEDICAID  CHAMPUS  CHAMPVA  GROUP HEALTH PLAN  FECA  OTHER  (Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
Recipient, Joe

3. PATIENT'S BIRTH DATE  
MM DD YY  
09 11 71

4. INSURED'S NAME (Last Name, First Name, Middle Initial)  
444444444M

5. PATIENT'S ADDRESS (No., Street)  
123 Recipient Street

6. PATIENT RELATIONSHIP TO INSURED  
Self  Spouse  Child  Other

7. INSURED'S ADDRESS (No., Street)

8. PATIENT STATUS  
Single  Married  Other

9. PATIENT'S EMPLOYMENT  
Employed  Full-Time Student  Part-Time Student

10. IS PATIENT'S CONDITION RELATED TO:  
a. EMPLOYMENT (CURRENT OR PREVIOUS) YES  NO   
b. AUTO ACCIDENT? YES  NO   
c. OTHER ACCIDENT? YES  NO   
10a. RESERVED FOR LOCAL USE

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  
SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE  
SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

14. DATE OF CURRENT ILLNESS (First symptom OR INJURY (Accident) OR PREGNANCY/LMP)  
MM DD YY

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE  
MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION  
FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES  
FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB?  YES  NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)  
1. V252

22. MEDICAID RE submission CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A		B		C		D		E		F		G		H		I		J		K	
DATE(S) OF SERVICE		Place of Service		Type of Service		PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances)		DIAGNOSIS CODE		\$ CHARGES		DAYS OR UNITS		EPSDI Family Plan		EMG		COB		RESERVED FOR LOCAL USE	
MM	DD	YY	MM	DD	YY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
10	01	05	10	01	05	11	00921	FP	QZ	225	00	111									

25. FEDERAL TAX I.D. NUMBER  
SSN EIN

26. PATIENT'S ACCOUNT NO.  
12345

27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES  NO

28. TOTAL CHARGE \$ 225.00

29. AMOUNT PAID \$

30. BALANCE DUE \$ 225.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including degrees or credentials)  
Signature on file 10-01-2005

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)  
Provider Incorporated 123 Provider Street Raleigh, N.C. 12345

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #  
1111111 2222222

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION

1 Joe Provider 123 Any Street Any City NC 12345		2 Annual-Periodic Visits		3 PATIENT CONTROL NO 123456		131	
56-000000000		100505		100605			
12 PATIENT NAME Recipient, Joe Ann				13 PATIENT ADDRESS 123 Any Street, Any City, NC 12345			
14 BIRTH DATE 12051967		15 SEX F S		16 ADMISSION DATE 09 1 2 15 01		17 CHARGE STATUS 1 2 15 01	
18 OCCURRENCE DATE 11 100505		19 OCCURRENCE TIME		20 OCCURRENCE FROM		21 OCCURRENCE THROUGH	
22 Medicaid P O Box 300010 Raleigh NC 27622		23 VALUE CODES A B C D		24 VALUE CODES A B C D		25 VALUE CODES A B C D	
26 REV CD		27 DESCRIPTION		28 HCPCS RATES		29 SERV DATE	
30 SERV UNITS		31 TOTAL CHARGES		32 NON-COVERED CHARGE			
510 Clinic		81025		100505		1 100 00	
300 Lab-General Class		85027		100505		1 50 00	
300 Lab		86689		100505		1 25 00	
300 Lab				100605		1 100 00	
510 Clinic						1 25 00	
001 Total						300 00	
33 PAYER Medicaid DNC00		34 PROVIDER NO 3000000		35 PRIOR PAYMENTS Y Y		36 EST AMOUNT DUE	
37 DUE FROM PATIENT							
38 INSURED'S NAME Recipient, Joe Ann		39 F F E L 01		40 CERT - BSN - HC - ID - NC 900000000K		41 GROUP NAME	
42 INSURANCE GROUP NO.		43 TREATMENT AUTHORIZATION CODES		44 EMPLOYER NAME		45 EMPLOYER LOCATION	
46 PRIN DIAG CD V25.01		47 CODE		48 OTHER DIAG CODES		49 ICD CODE	
50 ATTENDING PHYS ID		51 OTHER PHYS ID		52 OTHER PHYS ID		53 OTHER PHYS ID	
54 REMARKS		55 PROVIDER REPRESENTATIVE XAny Rep		56 DATE 100605			

UNIFORM BILL:

NOTICE: ANYONE WHO MISREPRESENTS OR FALSIFIES ESSENTIAL INFORMATION REQUESTED BY THIS FORM MAY UPON CONVICTION BE SUBJECT TO FINE AND IMPRISONMENT UNDER FEDERAL AND OR STATE LAW.

Certifications relevant to the Bill and Information Shown on the Face Hereof: Signatures on the face hereof incorporate the following certifications or verifications where pertinent to this Bill:

1. If third party benefits are indicated as being assigned or in participation status, on the face thereof, appropriate assignments by the insured/beneficiary and signature of patient or parent or legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the particular terms of the release forms that were executed by the patient or the patient's legal representative. The hospital agrees to save harmless, indemnify and defend any insurer who makes payment in reliance upon this certification, from and against any claim to the insurance proceeds when in fact no valid assignment of benefits to the hospital was made.
2. If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.
3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.
4. For Christian Science Sanitoriums, verifications and if necessary re-verifications of the patient's need for sanitorium services are on file.
5. Signature of patient or his representative on certifications, authorization to release information, and payment request, as required by Federal law and regulations (42 USC 1935f, 42 CFR 424.36, 10 USC 1071 thru 1086, 32 CFR 199) and, any other applicable contract regulations, is on file.
6. This claim, to the best of my knowledge, is correct and complete and is in conformance with the Civil Rights Act of 1964 as amended. Records adequately disclosing services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.
7. For Medicare purposes:
  - If the patient has indicated that other health insurance or a state medical assistance agency will pay part of his medical expenses and he wants information about his claim released to them upon their request, necessary authorization is on file. The patient's signature on the provider's request to bill Medicare authorizes any holder of medical and other information to release to Medicare medical and non-medical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, workers' compensation, or other insurance which is responsible to pay for the services for which this Medicare claim is made.
8. For Medicaid purposes:
 

This is to certify that the foregoing information is true, accurate, and complete.

I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State Laws.

9. For CHAMPUS purposes:

This is to certify that:

- (a) the information submitted as a part of this claim is true, accurate and complete, and, the services shown on this form were medically indicated and necessary for the health of the patient;
- (b) the patient has represented that by a reported residential address outside a military treatment center catchment area he or she does not live within the catchment area of a U.S. military or U.S. Public Health Service medical facility, or if the patient resides within a catchment area of such a facility, a copy of a Non-Availability Statement (DD Form 1251) is on file, or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file;
- (c) the patient or the patient's parent or guardian has responded directly to the provider's request to identify all health insurance coverages, and that all such coverages are identified on the face of the claim except those that are exclusively supplemental payments to CHAMPUS-determined benefits;
- (d) the amount billed to CHAMPUS has been billed after all such coverages have been billed and paid, excluding Medicaid, and the amount billed to CHAMPUS is that remaining claimed against CHAMPUS benefits;
- (e) the beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts; and,
- (f) any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification, an employee of the Uniformed Services is an employee, appointed in civil service (refer to 5 USC 2105), including part-time or intermittent but excluding contract surgeons or other personnel employed by the Uniformed Services through personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.
- (g) Based on the Consolidated Omnibus Budget Reconciliation Act of 1986, all providers participating in Medicare must also participate in CHAMPUS for inpatient hospital services provided pursuant to admissions to hospitals occurring on or after January 1, 1987.
- (h) If CHAMPUS benefits are to be paid in a participating status, I agree to submit this claim to the appropriate CHAMPUS claims processor as a participating provider. I agree to accept the CHAMPUS-determined reasonable charge as the total charge for the medical services or supplies listed on the claim form. I will accept the CHAMPUS-determined reasonable charge even if it is less than the billed amount, and also agree to accept the amount paid by CHAMPUS, combined with the cost-share amount and deductible amount, if any, paid by or on behalf of the patient as full payment for the listed medical services or supplies. I will make no attempt to collect from the patient (or his or her parent or guardian) amounts over the CHAMPUS-determined reasonable charge. CHAMPUS will make any benefits payable directly to me, if I submit this claim as a participating provider.

ESTIMATED CONTRACT BENEFITS

1. PROVIDER NAME Joe Provider 123 Any Street Any City NC 00000				2. PROCEDURE Sterilization				3. PATIENT CONTROL NO. 123456				4. PATIENT ID 131	
5. FED TAX ID 56-00000000111105				6. STATEMENT COVER PERIOD FROM TO				7. CDV D		8. N D B		9. C D	
10. PATIENT NAME Recipient, Joe Ann				11. PATIENT ADDRESS 123 Any Street Any City NC 12345									
12. BIRTH DATE 9271975		13. SEX F		14. ADMISSION DATE 111105		15. TIME 20		16. STATE 3		17. COUNTY 2		18. ZIP CODE 21 01	
19. OCCURRENCE DATE 11		20. OCCURRENCE DATE 100105		21. OCCURRENCE DATE		22. OCCURRENCE DATE		23. OCCURRENCE DATE		24. OCCURRENCE DATE		25. OCCURRENCE DATE	
26. PAYER NAME Medicaid P O Box 300010 Raleigh, NC 27622				27. PAYER ADDRESS				28. PAYER TYPE		29. PAYER ID		30. PAYER CLASS	
31. REV CODE 360				32. DESCRIPTION General Class				33. HOSP RATE 58671		34. SERV DATE 111105		35. SERV UNITS 1	
360				250				250		250		250	
250				Pharmacy				111105		20		217	
270				Supplies				111105		2		25	
370				Anesthesia				111105		1		1000	
710				Recovery Room				111105		1		1000	
001				Total Charges						2630		35	
36. PAYER Medicaid DNC00				37. PROVIDER ID 3000000				38. PRIOR PAYMENTS Y Y		39. EST AMOUNT DUE		40.	
41. INSURED NAME Recipient, Joe Ann				42. CERT - SSN - HC - ID NO 01 900000000L				43. GROUP NAME		44. INSURANCE GROUP ID		45.	
46. TREATMENT AUTHORITY CODES				47. EMPLOYER NAME				48. EMPLOYER LOCATION		49.		50.	
51. PRV DIAG CD V252				52. ICD9 CODE V252				53. ADM DIAG CD V252		54. E CODE		55.	
56. PRINCIPAL PROCEDURE CODE V252				57. OTHER PROCEDURE CODE				58. ATTENDING PHYS ID		59. OTHER PHYS ID		60.	
61. RESUME				62. PROVIDER REPRESENTATIVE				63. DATE		64.		65.	
66. UBI-92 HCFA-1450				67. OCR/Original				68. PROVIDER REPRESENTATIVE X Any Rep		69. DATE 111105		70.	

1 Joe Provider 123 Any Street Any City, NC 12345		2 Emergency Room		3 PATIENT CONTROL NO 123456		131
4 56.0000000		5 101505 101505		6 STATEMENT COVER PERIOD		
7 Recipient, Jane 123 Any Street Any City NC 12345						
8 12051967 P S 101505 09 1 2 15 01						
9 Medicaid P O Box 300010 Raleigh NC 27622						
10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100						
450		Emergency		101505	1	400 00
250		Pharmacy		101505	1	75 00
001 Total Charges						475 00
Medicaid DNC00		3000000		y	y	475 00
DUE FROM PATIENTS						
Recipient Jane		01 900000000K				
v25.03						
X Any Rep 101505						

ATTACHMENT A



REQUEST FOR FAMILY PLANNING WAIVER FORMS

Send To: DIVISION OF MEDICAL ASSISTANCE MAIL MANAGEMENT SECTION 2501 MAIL SERVICE CENTER RALEIGH, NC 27699-2501

From: AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ATTN: \_\_\_\_\_

COURIER #: \_\_\_\_\_

DATE: \_\_\_\_\_

COURIER # MSC - 2501

FAX # (919) 715-2798 (EMERGENCY ONLY) (3 FORMS MAX)

PH. # (919) 855-4160 (INQUIRE ABOUT FORMS)

\*\*\*\*\*

FORMS TO BE ORDERED

- DMA-3150-----Family Planning Waiver Brochure
DMA-3151-----Family Planning Waiver Poster (large)
DMA-3152-----Family Planning Waiver Poster (small)
DMA-3153-----Family Planning Waiver Fact Sheet

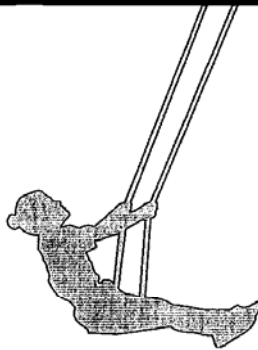
WRITE FORM NUMBER IN WHITE SPACE - YOU WILL RECEIVE 500 OF THAT FORM

Table with 2 columns: FORM # and X = OUT. Includes instruction (DO NOT WRITE IN GRAY SPACE) and 5 rows.

Table with 2 columns: FORM # and X = OUT. Includes instruction (DO NOT WRITE IN GRAY SPACE) and 5 rows.

ATTACHMENT B

**HEALTH CHECK / NC HEALTH CHOICE FOR CHILDREN APPLICATION**



Better health for your children,  
peace of mind for you.

**Free or Low-Cost Health Insurance for Children and Teens up to 21 Years Old**

(Pregnant women, parents, or other adults may also use this application to apply for Medicaid as a caretaker or for Family Planning Services).

Si usted desea obtener la forma DMA-5063, solicitud en español para seguro medico para niños, comuníquese con el departamento de servicios sociales de su localidad. También puede llamar a la línea de Recursos de Salud Familiar al 1-800-367-2229. Se le atenderá en español. (You can get a Spanish application at your local department of social services or call 1-800-367-2229.)

**WHAT ARE HEALTH CHECK AND NC HEALTH CHOICE FOR CHILDREN?**

Health Check (Children's Medicaid Insurance) and Health Choice are two similar health insurance programs for children. Your family's income, the number of people in your family and the age of the children determine if your children qualify. This information will also be used to determine in which program the children will be enrolled.

**WHAT ARE THE BENEFITS?**

- Sick visits
- Checkups
- Hospital care
- Counseling
- Prescriptions
- Dental care
- Eye exams and glasses
- Hearing exams and hearing aids
- And more!

**Transportation** - If your children are enrolled in Health Check, transportation to medical appointments may be provided through your department of social services. If the children are enrolled in Health Choice, you must provide your own transportation.

**Children with Special Health Care Needs may be eligible for additional services.**

**HOW DO I APPLY?**

**It's easy.** Just mail or drop off the completed application at the department of social services in the county where you live. If you would like help filling out the application, call or visit your department of social services. You can find the address and phone number in your phone book under "County Government" or by calling the North Carolina Family Health Resource Line at 1-800-367-2229.

**Be careful to answer all the questions completely so we can process your application more quickly.** If you need more space, please attach additional pages. It can take 45 days or less to process your application. If we need additional information, we will contact you by mail. The sooner we get the information, the sooner we can let you know if your children qualify.



**WHAT ELSE DO I NEED TO KNOW ABOUT HEALTH CHECK AND HEALTH CHOICE?**

**Will My Children Get Insurance Cards?**

**YES!** Your children will receive insurance cards in the mail. Please keep the card handy so you can show it at medical appointments and when you fill prescriptions.

**How Do I Choose a Doctor?**

The department of social services will help you choose your doctor if your children are enrolled in Health Check (Children's Medicaid Insurance). If your children are enrolled in Health Choice, you may contact the doctor of your choice.

**Will I Need to Re-enroll My Children?**

**YES!** You will need to re-enroll to continue benefits. For most children this is done once a year. You will be contacted when it is time to re-enroll.

**Will I Have to Pay Enrollment Fees and a Co-pay?**

Depending on your income, you may have to pay an enrollment fee of \$50 to \$100 per family per year. In some cases, you also may have a small co-pay for doctor visits and prescriptions. If the fee and/or co-pay apply to you, you will be notified.

**Will My Children Be Enrolled Immediately?**

Health Check (Children's Medicaid Insurance) has no funding limits, so there is no waiting list. If your children are eligible for Health Choice, they may have to go on a waiting list before being enrolled if federal or state funds are not sufficient to serve more children.

**WHAT ARE MY RESPONSIBILITIES?**

- ✓ You agree to tell the department of social services within 10 days if there are any changes in the information you provided on your application.
- ✓ A state or federal reviewer may check the information on this form. You agree to participate in the review and will cooperate with the reviewer.
- ✓ If you knowingly provide false information or if you withhold information and your children get health insurance for which they are not eligible, you can be lawfully punished for fraud and may be asked to repay the programs for any medical bills and/or premiums that were paid incorrectly.
- ✓ You agree to tell the department of social services if anyone with Health Check (Children's Medicaid Insurance) is in an accident.
- ✓ If Health Check (Children's Medicaid Insurance)/Health Choice pays for health care for your children, you give permission to the state of North Carolina to collect payments from anyone who is supposed to pay for that care. You also agree to share medical information about your children with any insurance company to get the medical bills paid.
- ✓ For a person to be enrolled in Health Check (Children's Medicaid Insurance)/Health Choice, you must provide his/her social security number or apply for a number. Please know that these numbers will be matched by computer with other government agency records (but not the Bureau of Citizenship and Immigration Services) to verify information. If you decide not to give the numbers, the person cannot be enrolled.

**WHAT ARE MY RIGHTS?**

- ✓ Health Check (Children's Medicaid Insurance)/Health Choice cannot discriminate because of race, color, nationality, sex, religion, age, disability or political belief.
- ✓ By law, all information that you provide remains private.
- ✓ You can ask for a hearing if you think any decisions are unfair, incorrect or are made too late.

**WHO CAN ANSWER MY QUESTIONS?**

Contact the department of social services in the county where you live or call the NC Family Health Resource Line at 1-800-367-2229.

**Before you return the application, please make sure to do the following:**

Read pages 1 and 2. Tear them off and keep for your records.

Complete the questions on pages 3 through 6.

**Sign the application on page 5.**



For Office Use Only

County DSS: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Case #: \_\_\_\_\_  
 Mail in     DSS     Health Dept

**APPLICATION**

Please complete. Then send pages 3-6 to your local department of social services. If this application is being completed by or for a pregnant woman who has no other children living with her, complete this application as if the pregnant woman is already a parent.

**Tell Us About the Family**

1. Who are all the children under age 21 who live in the home? ▼  
 Fill out this information **even** for children who will not be applying for Health Check/Health Choice. Social Security number and citizenship status are required **only** for those applying for health insurance.

Name of child (first, middle initial, last)	Applying for this child (Y, N)	Date of birth (mo/day/yr)	Sex (M, F)	*Race (Use codes below. List all that apply.)	**Hispanic/Latino (Y, N) If yes, specify using codes below.	Child a U.S. citizen (Y, N)	Social Security Number (SSN)

\*Asian= A American Indian or Alaska Native= I Native Hawaiian or other Pacific Islander= P Caucasian or White= W Black or African-American= B  
 \*\*Hispanic Puerto Rican= P Hispanic Cuban= C Hispanic Mexican= M Hispanic Other= H

2. Where do you & the children live? ▼ (If different, please put your address on a separate paper and return with this application.)

Address:			Mailing address (if different):		
City:	State:	Zip Code:	City:	State:	Zip Code:
Home phone: ( )			Daytime phone: ( )		

3. Who are the parents living with the children? If the children do not live with their parents, who are the adults living in the home who care for the children? ▼

Name of parent or adult (first, middle initial, last)	Date of birth (mo/day/yr)	Sex (M, F)	*Race (Use codes in 1. above. List all that apply.)	**Hispanic/Latino (Y, N) If yes, use codes in 1. above.	Children's names and parent or adult relationship to the children (John - Mother, Mary - Stepmother)

- a. Do you want to apply for pregnancy coverage for any of the people listed above? ▶ ▶  Yes  No  
 If you are applying for pregnancy assistance, you need to provide a statement from the doctor that includes the delivery date and the number of babies expected. However, send in the application form even if you do not have the statement from the doctor yet.  
 If yes, for whom? \_\_\_\_\_ SSN# \_\_\_\_\_
- b. Do you want to apply for Medicaid for any of the people listed above? If you want to apply, you will be contacted for information about bank accounts, real and personal property, cash value of life insurance, stocks, bonds, etc. The total of these must be less than \$3,000. Also, if you are eligible, you may be responsible for some of your medical bills. ▶ ▶  Yes  No  
 Applicants must provide their Social Security numbers and may have to give information to the child support office.  
 If yes, for whom: \_\_\_\_\_ SSN# \_\_\_\_\_
- c. Do you want to apply for family planning services for any people ages 19 and older listed above? ▶ ▶ ▶ ▶  Yes  No  
 Applicants must provide their Social Security numbers.  
 If yes, for whom: \_\_\_\_\_ SSN# \_\_\_\_\_

4. Is there a family member living away from the home for less than 12 months (Example: military service, attending school)?  Yes  No  
 If yes, please give information below: ▼

Full name (first, middle initial, last)	Reason for absence	Expected date of return

**Tell Us About the Family's Health Insurance and Medical Needs**

5. Is there currently a parent **not** living in the home? ▶ ▶  Yes  No

If yes, what is that parent's name? (optional) \_\_\_\_\_  
 Is that parent required by an agreement to pay for health insurance? ▶  Yes  No

6. Does anyone applying have another health insurance plan? ▶ ▶  Yes  No

If yes, please give information below: ▼

Name (first, middle initial, last)	Insurance company name	Insurance company address	Insurance company phone number	Group/policy number

7. Does anyone applying need help paying medical bills from the past three months? ▶  Yes  No

If yes, please give the information below: *We may be able to help pay those bills.* ▼

Name of person(s) with bill (first, middle initial, last)	Name of doctor, clinic and/or hospital where person was treated	Date of medical treatment

8. Has anyone applying been in an accident in the past three months? ▶ ▶  Yes  No

Did he/she receive medical care because of the accident? ▶ ▶  Yes  No

If yes, please tell us who. \_\_\_\_\_ When was the accident? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tell Us About the Parent's and Children's Income**

9. Who are the parents and children in the home who work, and what are their wages? ▼

Name of working person (first, middle initial, last)	Employer's name and phone number	Amount earned before deductions	Tips earned	How often paid (monthly, weekly, etc.)
		\$	\$	
		\$	\$	
		\$	\$	

Please provide copies of all of last month's paycheck stubs for everybody listed. Send in the application even if you do not have your stubs.

10. Is there a parent or child in the home who is self-employed? ▶ ▶  Yes  No

*For example, does anyone earn money from farming, own his or her own business, or have rental property income?*

If yes, please attach business records showing income and expenses for the last 6 months or the number of months in business if less than 6 months. If the income is annual, please attach business records for the last 12 months.

11. Has a parent or child in the home lost a job in the past three months? ▶ ▶  Yes  No

If yes, please complete the following: ▼

Name of person(s) who lost a job	Date job lost	Former employer's name	Former employer's address & phone number

12. If the parent or child receives income from any other source please complete the blocks below. ▼

Type of income	Name of the person who receives other income	Amount received	How often received (monthly, weekly, etc.)
Child Support:		\$	
Social Security:		\$	
Unemployment:		\$	
Other (Please explain):		\$	

**Tell Us About the Parent's and Children's Expenses**

*Some of these expenses may be used to reduce the income that we count to determine enrollment in Health Check/Health Choice.*

13. Does a working parent living in the home pay for childcare, a babysitter or care for dependent adult? ▶  Yes  No  
If yes, please fill in the information: ▼

Name, address & phone number of sitter or childcare provider	Name of person cared for	Name of person paying for care	Amount paid	How often paid (monthly, weekly, etc.)
			\$	
			\$	

14. Does a parent living in the home pay child support for a child who is not living in the home? ▶  Yes  No  
If yes, please fill in the information. ▼

Who pays the support	Who is the support paid to	Is it court ordered (Y, N)	Amount paid	How often paid (monthly, weekly, etc.)
			\$	
			\$	

**Tell Us If You Would Like Help With Child Support**

The Child Support Agency can help get financial and medical help for the child from the child's absent parent. If you seek assistance from the Child Support Agency, the courts can establish paternity and establish and enforce child support obligations.

There are other benefits to working with the Child Support Agency. For example, your child may be eligible for other financial benefits, including Social Security, pension benefits, veteran's benefits and possible inheritance. Also, your child may benefit by having a bond between parent and child. Finally, your child may benefit by getting important medical history information.

If you want the Child Support Agency's help in establishing paternity or in getting a support order through the court, check the "Yes" box. If you check the box, someone will contact you. ▶  **Yes, I would like help from the Child Support Agency.**

- ✓ I attest that all statements recorded on this document are true and correct to the best of my knowledge.
- ✓ I have either read or had read to me all attachments to this application, and I understand my rights and responsibilities as an applicant/recipient.
- ✓ I authorize the release of any information necessary to establish my family's eligibility. I understand that this information may include medical information about the individuals applying for health insurance and/or nonmedical information about individuals applying and others. This might include information from doctors, hospitals, employers and insurance companies.
- ✓ I have received or understand that I will receive a copy of the "Medicaid Notice of Privacy Practices."
- ✓ I authorize the copying of this release form to verify information. It shall remain valid and in force until revoked by me in writing.
- ✓ I understand that if Medicaid pays for nursing facility care, in-home health services, or services provided under the Community Alternatives Program (CAP), Medicaid may become a creditor of my estate and my estate may be subject to recovery to repay Medicaid.

Signature of parent or other adult: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Language Preference and Special Needs  
(Optional)**  
You may still apply for Health Check/Health Choice even if you don't answer the questions on this page.

**What Language Does the Family Prefer to Speak?**

The federal government requires the State to provide information about the languages the family speaks. Please help us by providing the information for the parent/other adult and those applying for health insurance.

Name of person (first, middle initial, last)	Language person prefers to speak (circle one)
1.	English Spanish Other (Specify _____)
2.	English Spanish Other (Specify _____)
3.	English Spanish Other (Specify _____)
4.	English Spanish Other (Specify _____)
5.	English Spanish Other (Specify _____)
6.	English Spanish Other (Specify _____)

**Does Your Child Have Special Health Care Needs?**

Please help us improve services for children with special health care needs and meet federal reporting requirements by answering these questions.

- Does your child (or children) currently need medicine prescribed by a doctor other than vitamins?  Yes  No  
 Does your child (or children) need this medicine because of any medical, behavioral or other health condition that has lasted or is expected to last at least 12 months?  Yes  No  
 If yes, please list the child (or children): \_\_\_\_\_
- Does your child (or children) need more medical care, mental health or education services than usual or routine for most children of the same age?  Yes  No  
 Does your child (or children) need these services because of any medical, behavioral or health condition that has lasted or is expected to last at least 12 months?  Yes  No  
 If yes, please list the child (or children): \_\_\_\_\_
- Is your child (or children) limited or prevented in any way in his or her ability to do the things most children the same age can do?  Yes  No  
 Is this limitation because of any medical, behavioral or health condition that has lasted or is expected to last at least 12 months?  Yes  No  
 If yes, please list the child (or children): \_\_\_\_\_
- Does your child (or children) need special therapy, such as physical, occupational, or speech therapy?  Yes  No  
 Does your child (or children) need this therapy because of any medical, behavioral or other health condition that has lasted or is expected to last at least 12 months?  Yes  No  
 If yes, please list the child (or children): \_\_\_\_\_
- Does your child (or children) currently have any kind of emotional, developmental or behavioral difficulty for which they need treatment or counseling?  Yes  No  
 Does your child (or children) need this treatment or counseling because of any medical, behavioral or other health condition that has lasted or is expected to last at least 12 months?  Yes  No  
 If yes, please list the child (or children): \_\_\_\_\_

**DID YOU SIGN THE APPLICATION ON PAGE 5?**

## ATTACHMENT C

## STI MEDICATION LIST

Medications for the Family Planning Waiver program will only be provided by prescription through the pharmacy drug program. **All prescriptions for STI medications must include the appropriate ICD-9 code.**

STI DIAGNOSIS	ICD-9 CODE	REIMBURSED ANTIBIOTICS
<b>HERPES</b>		Acyclovir 200mg, 400mg, 800 mg
Genital herpes	54.10	Famciclovir 125mg, 250mg, 500mg
Herpetic vulvovaginitis	54.11	Valacyclovir 500mg, 1.0gm
Herpetic ulceration of vulva	54.12	
Herpetic infection of penis	54.13	
Other	54.19	
<b>CHLAMYDIA</b>		Azithromycin , 250mg, 500mg, 1gm
Other specified diseases due to Chlamydia	78.88	Doxycycline 100mg
Chlamydia trachomatis	99.41	Erythromycin 250mg, 400mg, 500mg, 800mg
	99.53	Ofloxacin 200mg, 300mg, 400mg
		Levofloxacin 500mg
		Tetracycline 250mg
<b>SYPHILIS</b>		Azithromycin 1gm
Genital syphilis (primary)	91.0	Benzathine penicillin G 2.4 million units
Primary anal syphilis	91.1	Ceftriazone 250mg
Other primary syphilis	91.2	Ciprofloxacin 500mg
Early syphilis, latent, serological relapse after treatment	92.0	Doxycycline 100mg
		Erythromycin 500mg
Early syphilis, latent, unspecified	92.9	Tetracycline 500mg
<b>GONORRHEA</b>		Azithromycin 250mg, 500mg, 1gm
Acute, of lower GU tract	98.0	Cefixime 400mg
Gonococcal infection (acute) of upper GU tract, site unspecified	98.10	Ceftriaxone 125 mg, 250mg, 500mg
		Ceftizoxime 500mg
Gonococcal cystitis (acute)	98.11	Cefotaxime 500mg

<b>GONORRHEA (CONT)</b>		Cefoxitin 2gm with probenecid 1gm
Gonococcal prostatitis (acute)	98.12	Ciprofloxacin 250mg, 500mg
Gonococcal epididymo-orchitis (acute)	98.13	Cefpodoxime 200 mg
Gonococcal seminal vesiculitis (acute)	98.14	Gatifloxacin 400mg
Gonococcal cervicitis (acute)	98.15	Levofloxacin 250mg
Gonococcal endometritis (acute)	98.16	Lomefloxacin 400mg
Gonococcal salpingitis, acute	98.17	Norfloxacin 800mg
Other	98.19	Ofloxacin 400mg
Chronic, of lower GU tract	98.2	Spectinomycin 2gm
Chronic, gonococcal infection of upper GU tract, site unspecified	98.30	Sulfamethoxazole/TMP
Gonococcal cystitis, chronic	98.31	
Gonococcal prostatitis, chronic	98.32	
Gonococcal epididymo-orchitis, chronic	98.33	
Gonococcal seminal vesiculitis, chronic	98.34	
Gonococcal cervicitis, chronic	98.35	
Gonococcal endometritis, chronic	98.36	
Gonococcal salpingitis (chronic)	98.37	
Other	98.39	
Gonococcal arthritis	98.50	
Gonococcal synovitis and tenosynovitis	98.51	
Gonococcal bursitis	98.52	
Gonococcal spondylitis	98.53	
Other	98.59	
Gonococcal infection of pharynx	98.6	
Gonococcal infection of anus and rectum	98.7	
<b>OTHER VENEREAL DISEASE</b>		Azithromycin 250mg, 500mg, 1gm
Non-gonococcal urethritis, unspecified	99.40	Doxycycline 100mg Erythromycin 500mg, 800mg Gatifloxacin 400mg Levofloxacin 250mg, 500mg Ofloxacin 200mg, 300mg, 400mg

<b>CANDIDIASIS</b>		Butoconazole 2% cream
Of vulva and vagina	112.1	Miconazole 200mg suppository
Of other urogenital sites	112.2	Terconazole 80mg suppository Terconazole cream 0.4%, 0.8%
<b>TRICHOMONIASIS</b>		Metronidazole 250mg, 500mg, 750mg, 2gm
Urogenital trichomoniasis, unspecified	131.00	Tinidazole 2000mg
Trochomonal vulvovaginitis	131.01	
Trichomonal urethritis	131.02	
Trichomonal prostatitis	131.03	
Other	131.09	
Other specified sites	131.8	
Trichomoniasis, unspecified	131.9	
<b>PUBIC LOUSE</b>		Permethrin 5% cream
Phthirus pubis	132.2	Lindane 1% shampoo

**NOTE:**

For additional information regarding STI infections and diagnosis, refer to the Center for Disease Control (CDC) Sexually Transmitted Diseases Treatment Guidelines.



## ATTACHMENT D

Guide for Completion of Sterilization Consent Form

Following is the list of fields included in the Federal consent form requirements for sterilization. All areas are required to be completed except area 9 (race). *Fields in bold print cannot be altered.* This guide will assist in correct completion of consent forms and should help to decrease the number of denials related to errors in completing the form.

1. Person or facility who provided information concerning sterilization
2. Type of sterilization procedure to be performed
3. Recipient date of birth (must be at least 21 years of age when the consent form is signed)
4. Name of recipient as it appears on the Medicaid ID card
5. The full name of the physician scheduled to do the surgery (abbreviations, initials, or "doctor on call" are unacceptable). May use "Physician on call of Jones OB GYN clinic"
6. Type of sterilization procedure to be performed
7. *Recipient's signature (must be dated) cannot be altered, traced over, or corrected*
8. *Date the consent form was signed (the date of the recipient's signature must be at least 30 days prior to the date of the sterilization). The 30 day count begins the day following the recipient's signature date*
9. Race and ethnicity (not required)
10. Language in which the form was read to the recipient, if an interpreter was used
11. *Signature of the interpreter*
12. *Signature date of the interpreter (same as # 8 and # 16)*
13. Name of recipient
14. Name of sterilization procedure
15. *Signature of person witnessing consent (must be dated see # 16)*
16. *Date (this date must be the same as the recipient signature date) Note: the doctor can also be the witness*
17. The full name and address of the facility, include street name and number, city, state, and zip code where the consent was obtained and witnessed
18. Name of recipient
19. Actual date of sterilization
20. Type of sterilization procedure performed
21. The box is to be checked if the delivery was premature (write the recipient's expected delivery date in the space provided)
22. The box is to be checked if emergency abdominal surgery was performed
23. Physician signature must be legible or name must be printed below the signature. (A signature stamp may be used)
24. Date must be on or after the date of service

ATTACHMENT D

CONSENT FORM M I D # \_\_\_\_\_

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from (1) \_\_\_\_\_ (doctor or clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a (2) \_\_\_\_\_. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded program.

I am at least 21 years of age and was born on (3) \_\_\_\_\_ Month Day Year

I, (4) \_\_\_\_\_, hereby consent of my own free will to be sterilized by (5) \_\_\_\_\_ (doctor)

by a method called (6) \_\_\_\_\_. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health, Education, and Welfare or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed. I have received a copy of this form.

(7) \_\_\_\_\_ Date: (8) \_\_\_\_\_ Month Day Year  
Signature

You are requested to supply the following information, but it is not required:

- (9) Race and ethnicity designation (please check)
 American Indian or Alaska Native
 Black (not of Hispanic origin)
 Asian or Pacific Islander
 Hispanic
 White (not of Hispanic origin)

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized) I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in (10) \_\_\_\_\_ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(11) \_\_\_\_\_ (12) \_\_\_\_\_  
Interpreter Date

STATEMENT OF PERSON OBTAINING CONSENT

Before (13) \_\_\_\_\_ signed the consent form, I explained to him/her the nature of the sterilization operation (14) \_\_\_\_\_ the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

(15) \_\_\_\_\_ (16) \_\_\_\_\_  
Signature of person obtaining consent Date  
(17) \_\_\_\_\_  
Facility  
Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon (18) \_\_\_\_\_ on (19) \_\_\_\_\_  
Name of individual to be sterilized Date of sterilization

(19 cont'd) I explained to him/her the nature of the sterilization operation (20) \_\_\_\_\_ the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at an any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- (21)  Premature delivery
(22)  Individual's expected date of delivery:
(23)  Emergency abdominal surgery:
(Describe circumstances):

(23) \_\_\_\_\_ (24) \_\_\_\_\_  
Physician Date

372-116

White: PATIENT Yellow: PHYSICIAN Pink: STATE AGENCY

## ATTACHMENT E

## POSTOPERATIVE STERILIZATION MEDICATION LIST

Medications for the Family Planning Waiver program will only be provided by prescription through the pharmacy drug program. **All prescriptions for postoperative sterilization medications must include a V25.2 diagnosis.**

STERILIZATION PROCEDURE	CPT CODE	REIMBURSED ANTIBIOTICS
<b>VASECTOMY</b>		Amox TR-K CLV 500-125mg, 1000-62.5
Vasectomy, unilateral or bilateral (including postop semen examination(s))	55250	Amoxicillin 250mg, 500mg
Ligation of vas deferens, unilateral or bilateral	55450	Cephalexin 250mg, 500mg
<b>TUBAL LIGATION</b>		Ciprofloxacin HCL 250mg, 500mg
Ligation or transaction fallopian tubes abdominal or vaginal approach, unilateral or bilateral	58600	Doxycycline 100mg
Occlusion of fallopian tube(s) by device vaginal or suprapubic approach	58615	Erythromycin ES 400mg
Laparoscopy surgical; with fulguration of oviducts (with or without transaction)	58670	Levofloxacin 500mg
Tubal ligation by laparoscopic surgery with occlusion of device (band, clip or Falope ring)	58671	Metronidazole 500mg
		Penicillin VK 500mg
		Sulfamethoxazole/TMP DS
		Azithromax 250mg
STERILIZATION PROCEDURE	CPT CODE	REIMBURSED ANALGESICS
<b>VASECTOMY</b>		Acetaminophen/Cod #2, #3
Vasectomy, unilateral or bilateral (including postop semen examination(s))	55250	Hydrocodone/Apap 2.5/500, 5/325, 5/500, 7.5/325, 7.5/500, 7.5/650, 7.5/750, 10/325, 10/500, 10/650,, 10/660, 10/750
Ligation of vas deferens, unilateral or bilateral	55450	
<b>TUBAL LIGATION</b>		Ibuprofen 400mg, 600mg, 800mg
Ligation or transaction fallopian tubes abdominal or vaginal approach, unilateral or bilateral	58600	Ketorolac 10mg
Occlusion of fallopian tube(s) by device vaginal or suprapubic approach	58615	Naproxen 500mg
Laparoscopy surgical; with fulguration of oviducts (with or without transaction)	58670	Naproxen Sodium 550mg
Tubal ligation by laparoscopic surgery with occlusion of device (band, clip or Falope ring)	58671	Oxycodone 5mg
		Oxycodone w/Apap 2.5/325, 5/325, 5/325, 7.5/325, 7.5/500, 10/325, 10/650
		Propoxy-N/Apap 65/650, 100-650

<b>STERILIZATION PROCEDURE</b>	<b>CPT CODE</b>	<b>REIMBURSED ANTIEMETIC</b>
<b>VASECTOMY</b>		Promethazine 25mg
Vasectomy, unilateral or bilateral (including postop semen examination(s))	55250	
Ligation of vas deferens, unilateral or bilateral	55450	
<b>TUBAL LIGATION</b>		
Ligation or transaction fallopian tubes abdominal or vaginal approach, unilateral or bilateral	58600	
Occlusion of fallopian tube(s) by device vaginal or suprapubic approach	58615	
Laparoscopy surgical; with fulguration of oviducts (with or without transaction)	58670	
Tubal ligation by laparoscopic surgery with occlusion of device (band, clip or Falope ring)	58671	

**ATTACHMENT F**

**PRIMARY CARE “SAFETY NET” PROVIDERS**

The following list includes contact information on health care providers (federally qualified health centers, free clinics, local health departments, and rural health clinics) which provide primary care services to recipients with regardless to their ability to pay; free or a sliding-fee scale; or otherwise help make services financially affordable. **This list is not inclusive of all the health care providers in your county.** If there is no primary care provider in your county, providers are encouraged to make referrals to primary care “safety net” providers in surrounding counties.

This information may change over time, so it is important to call the provider to find out more information about the availability or services, hours of operation, eligibility criteria (if any), and fee schedules.

<b>A</b>	<b>ALAMANCE</b>	<p><b>Charles Drew Community Health Center</b> 221 N Graham – Hopedale Road Burlington, NC 27217 (336)570-3739</p> <p><b>Frye Regional Medical Center Alexander Campus</b> 226 NC Hwy 165 Taylorsville, NC 28681 (828)635-4200</p> <p><b>Open Door Clinic of Alamance County</b> 221 N. Graham-Hopedale Road Burlington, NC 27217 (336)570-9800</p> <p><b>Scott Clinic</b> 5270 Union Ridge Road Burlington, NC 27217 (336)421-3247</p>
	<b>ALLEGHANY</b>	<p><b>Alleghany County (Appalachian) District</b> 157 Health Services Road Sparta, NC 28675 (336)372-5641</p>
	<b>ANSON</b>	<p><b>Anson Community Hospital</b> 500 Morven Road Wadesboro, NC 28170 (704)694-5131</p> <p><b>Anson County Health Department</b> 110 Ashe Street Wadesboro, NC 28170 (704)694-5188</p> <p><b>Anson Regional Medical Services</b> Hwy 52 South Morven, NC 28119 (704)851-9331</p>

	<p><b>Anson Regional Medical Services</b>                  203 Salisbury Street                  Wadesboro, NC 28170                  (704)694-6700</p>
<b>ASHE</b>	<p><b>Ashe County (Appalachian ) District</b>                  413 McConnell                  Jefferson, NC 28640                  (336)246-9449  <b>Ashe Memorial Hospital, Inc.</b>                  200 Hospital Avenue                  Jefferson, NC 28640                  (336)246-7101</p>
<b>AVERY</b>	<p><b>Appalachian HealthCare Project</b>                  155 Furman Road, Suite 7                  Boone, NC 28607                  (828)263-9493  <b>Charles A. Cannon, Jr. Memorial Hospital, Inc.</b>                  PO Box 767                  Linville, NC 28646                  (828)737-7000</p>
<b>B</b> <b>BEAUFORT</b>	<p><b>Agape Community Health Clinic</b>                  118 Fourth Street                  Washington, NC 27889                  (252)940-0602  <b>Beaufort County Hospital</b>                  628 East Twelfth Street                  Washington, NC 27889                  (252)975-4100  <b>Pungo District Hospital Corporation</b>                  202 East Water Street                  Belhaven NC 27810                  (252)943-2111</p>
<b>BERTIE</b>	<p><b>Bertie Memorial Hospital</b>                  PO Box 40                  Windsor, NC 27983                  (252)794-6600  <b>Lewiston-Woodville Family Medical Center</b>                  307 South Main Street                  Lewiston, NC 27849                  (252)348-2545  <b>Windsor Medical Center</b>                  306 Winston Lane                  Windsor, NC 27983                  (252)794-3042</p>
<b>BLADEN</b>	<p><b>Bladen County Hospital</b>                  PO Box 398                  Elizabethtown, NC 28337                  (910)862-5179</p>

	<p><b>Bladen Lakes Community Health Center</b>          6777 Albert Street          Dublin, NC 28332          (910)879-1020</p> <p><b>Bladen Medical Associates</b>          211 4<sup>th</sup> Street          Bladenboro, NC 28320          (910)863-3138</p> <p><b>Bladen Medical Associates</b>          88 East Green Street          Clarkton, NC 28433          (910)647-0083</p> <p><b>Bladen Medical Associates</b>          16 Third Street          Dublin, NC 28332          (910)862-3528</p> <p><b>Bladen Medical Associates</b>          300A East McKay Street          Elizabethtown, NC 28337          (910)862-5500</p>
<p><b>BRUNSWICK</b></p>	<p><b>Brunswick Community Hospital</b>          PO Box 139          Supply, NC 28462          (910)755-8121</p> <p><b>J.Arthur Doshier Memorial Hospital</b>          924 Howe Street          Southport, NC 28461          (910)457-3800</p> <p><b>New Hope Clinic</b>          4705 Southport Supply Road, SE          Southport, NC 28461          (910)278-6705</p>
<p><b>BUNCOMBE</b></p>	<p><b>ABCCM Medical Ministry</b>          155 Livingston Street          Asheville, NC 28801          (828)259-5339</p> <p><b>Asheville Specialty Hospital</b>          428 Biltmore Avenue          Asheville, NC 28801          (815)727-3355</p> <p><b>Barnardsville Medical Services</b>          540 Dillingham Road          Barnardsville, NC 28709          (828)626-3965</p> <p><b>Buncombe County Health Department</b>          35 Woodfin Street          Asheville, NC 28801          (828)250-5214</p>

C		<p><b>Emma Family Resource Center</b>                      37 Brickyard Road                      Asheville, NC 28806                      (828)252-4810</p> <p><b>Minnie Jones Family Health Center</b>                      1 Granada Street                      Asheville, NC 28806                      (828)251-2455</p> <p><b>Three Streams Family Health Center, Inc.</b>                      2 Sulpher Springs Raod                      Asheville, NC 28806                      (828)285-9725</p> <p><b>Western North Carolina Community Health Services</b>                      10 Ridgelawn Road                      Asheville, NC 28806                      (828)285-0622</p> <p><b>WNCCHS Ridgelawn Health Center</b>                      10 Ridgelawn Road                      Asheville, NC 28806                      (828)285-0622</p>
	<b>BURKE</b>	<p><b>Good Samaritan Clinic</b>                      PO Box 3601                      Morganton, NC 28680                      (828)439-9948</p> <p><b>Grace Hospital, Inc.</b>                      2201 South Sterling Street                      Morganton, NC 28655                      (828)580-5000</p> <p><b>Valdese General Hospital Inc.</b>                      PO Box 700                      Valdese, NC 28690                      (828)874-2251</p>
	<b>CABARRUS</b>	<p><b>The Community Free Clinic</b>                      528A Lake Concord Road, NE                      Concord, NC 28025                      (704)782-0650</p> <p><b>NorthEast Medical Center</b>                      920 Church Street, N                      Concord, NC 28025                      (704)783-3000</p>
	<b>CALDWELL</b>	<p><b>Caldwell County Health Department</b>                      1966 B Morganton Blvd SW                      Lenoir, NC 28645                      (828)426-8415</p> <p><b>Caldwell Memorial Hospital, Inc.</b>                      PO Box 1890                      Lenoir, NC 28645                      (828)757-5100</p>



	<p><b>Helping Hands Clinic of Caldwell County</b>              810 Harper Avenue              Lenior, NC 28645              (828)754-8565</p> <p><b>West Caldwell Health Council, Inc.</b>              4329 Collettsville Road              Collettsville, NC 28611              (828)754-2409</p>
<p><b>CARTERET</b></p>	<p><b>Broad Street Clinic Foundation, Inc.</b>              500 N 35<sup>th</sup> Street              Morehead City, NC 28557              (252)726-4562</p> <p><b>Carteret County Health Department</b>              3820 Bridges Street, Suite A              Morehead City, NC 28557              (252)728-8550</p> <p><b>Carteret General Hospital</b>              PO Drawer 1619              Morehead City, NC 28557              (252)808-6000</p>
<p><b>CASWELL</b></p>	<p><b>Caswell County Health Department</b>              189 County Park Road              Yanceyville, NC 27379              (336)694-4129 ext 157</p> <p><b>Caswell Family Medical Center</b>              439 US Highway 158 West              Yanceyville, NC 27379              (336)694-9331</p> <p><b>Prospect Hill Community Health Center</b>              140 Main Street              Prospect Hill, NC 27314              (336)562-3311</p>
<p><b>CATAWBA</b></p>	<p><b>Catawba Valley Medical Center</b>              810 Fairgrove Church Road              Hickory, NC 28602              (828)326-3800</p> <p><b>Cooperative Christian Ministries Health Care Center</b>              31 First Street              Hickory, NC 28603              (828)327-0979</p> <p><b>Frye Regional Medical Center</b>              420 North Center Street              Hickory, NC 28601              (828)322-6070</p>
<p><b>CHATHAM</b></p>	<p><b>Chatham County Health Department</b>              80 East Street              Pittsboro, NC 27312              (919)542-8215</p>

	<p><b>Chatham Hospital, Inc.</b>                  PO Box 649                  Siler City, NC 27344                  (919)663-2113</p> <p><b>Moncure Community Health Center</b>                  7228 Moncure Road-Pittsboro                  Moncure, NC 27559                  (919)542-4991</p> <p><b>Siler City Health Center</b>                  401 – B N Ivey Avenue                  Siler City, NC 27344                  (919)663-1635</p>
<b>CHEROKEE</b>	<p><b>District Medical Center, Inc.</b>                  415 Whitaker Lane                  Andrews, NC 28901                  (828)321-1291</p> <p><b>Murphy Medical Center, Inc.</b>                  4130 US Hwy 64                  Murphy, NC 28906                  (828)837-8161</p>
<b>CHOWAN</b>	<p><b>Chowan Hospital</b>                  PO Box 629                  Edenton, NC 27932                  (252)482-6156</p>
<b>CLAY</b>	<p><b>Clay Comprehensive Health Services, Inc.</b>                  PO Box 1309                  Hayesville, NC 28904                  (828)389-6347</p> <p><b>Clay County Health Department</b>                  1 Riverside Circle                  Hayesville, NC 28904                  (828)389-8052</p>
<b>CLEVELAND</b>	<p><b>Cleveland County Health Department</b>                  315 East Grover Street                  Shelby, NC 28150                  (704)484-5200</p> <p><b>Cleveland Regional Medical Center</b>                  201 East Grover Street                  Shelby, NC 28150                  (704)487-3245</p> <p><b>Crawley Memorial Hospital, Inc.</b>                  PO Box 996                  Boiling Springs, NC 28017                  (704)434-9466</p> <p><b>Kings Mountain Hospital</b>                  706 West King Street                  Kings Mountain, NC 28086                  (704)739-3601</p>

<p><b>COLUMBUS</b></p>	<p><b>Columbus County Community Health Center, Inc.</b>                  209 W Virgil Street                  Whiteville, NC 28472                  (910)641-0202  <b>Columbus County Health Department</b>                  304 Jefferson Street, Miller Building                  Whiteville, NC 28472                  (910)641-3914  <b>Columbus County Hospital, Inc.</b>                  500 Jefferson Street                  Whiteville, NC 28472                  (910)642-8011</p>
<p><b>CRAVEN</b></p>	<p><b>Craven Regional Medical Center</b>                  PO Box 12157                  New Bern, NC 28561                  (252)633-8880  <b>MERCI Clinic</b>                  1315 Tatum Drive                  New Bern, NC 28561                  (252)633-1599  <b>Moore Free Care Clinic</b>                  1315 Tatum Drive                  New Bern, NC 28561                  (910)947-6550</p>
<p><b>CUMBERLAND</b></p>	<p><b>Cape Fear Valley Medical Center</b>                  PO Box 2000                  Fayetteville, NC 28302                  (910)609-4000  <b>The CARE Clinic, Inc.</b>                  239 Robeson Street                  Fayetteville, NC 28305                  (910)485-0555  <b>Cumberland County Health Department</b>                  227 Fountainhead Lane                  Fayetteville, NC 28301                  (910)433-3700  <b>Highsmith-Rainey Memorial Hospital</b>                  150 Robeson Street                  Fayetteville, NC 28301                  (910)609-1434  <b>Wade Family Medical Center</b>                  7118 Main Street                  Wade, NC 28395                  (910)483-6694</p>
<p><b>DARE</b></p>	<p><b>The Outer Banks Hospital, Inc.</b>                  4800 S Croaton Highway                  Nags Head, NC 27959                  (252)449-4500</p>

<p><b>DAVIDSON</b></p>	<p><b>Davidson Medical Ministries Clinic, Inc.</b>                  420 N. Salisbury Street                  Lexington, NC 27293                  (336)249-6215  <b>Lexington Memorial Hospital</b>                  PO Box 1817                  Lexington, NC 27293-1817                  (336)248-5161  <b>Thomasville Medical Center</b>                  PO Box 789                  Thomasville, NC 27360                  (336)472-2000</p>
<p><b>DAVIE</b></p>	<p><b>Davie County Hospital</b>                  PO Box 1209                  Mocksville, NC 27028                  (336)751-8100  <b>Storehouse for Jesus Free Medical Clinic</b>                  PO Box 216                  Mocksville, NC 27028                  (336)751-1060</p>
<p><b>DUPLIN</b></p>	<p><b>Community Health Services</b>                  325 NC Hwy 55 West                  Mt. Olive, NC 28365                  (919)658-5900  <b>Duplin County Health Department</b>                  340 Seminary Street                  Kenansville, NC 28349                  (910)296-2130  <b>Duplin General Hospital, Inc.</b>                  401 North Main Street                  Kenansville, NC 28349                  (910)296-2602  <b>Duplin Medical Association, Inc.</b>                  107 North Center Street                  Warsaw, NC 28398                  (910)293-3401  <b>Goshen Medical Center</b>                  444 South West Center Street                  Faison, NC 28341                  (910)267-0421  <b>Plainview Health Services</b>                  360 East Charity Road                  Rose Hill, NC 28458                  (910)289-3086</p>
<p><b>DURHAM</b></p>	<p><b>Duke University Health System</b>                  Erwin Road                  Durham, NC 27710                  (919)684-8111</p>

		<p><b>Durham Regional Hospital</b>                  3643 North Roxboro Road                  Durham, NC 27704                  (919)470-4000</p> <p><b>Lincoln Community Health Center, Inc.</b>                  1301 Fayetteville Street                  Durham, NC 27707                  (919)956-4000</p> <p><b>North Carolina Specialty Hospital, LLC</b>                  PO Box 15819                  Durham, NC 27704                  (919)956-9300</p> <p><b>Select Specialty Hospital – Durham</b>                  3643 N Roxboro Road                  Durham, NC 27704                  (919)470-9011</p>
	<p><b>EDGECOMBE</b></p>	<p><b>Heritage Hospital</b>                  111 Hospital Drive                  Tarboro, NC 27886                  (252)641-7700</p>
<p><b>F</b></p>	<p><b>FORSYTH</b></p>	<p><b>Community Care Center</b>                  2135 New Walkertown Road                  Winston-Salem, NC 27101                  (336)723-7904</p> <p><b>Downtown Health Plaza,                  Wake Forest University Baptist Medical Center</b>                  1200 Martin Luther King, Jr. Drive                  Winston-Salem, NC 27101                  (336)713-9700</p> <p><b>Forsyth Memorial Hospital</b>                  3333 Silas Creek Parkway                  Winston-Salem, NC 27103                  (336)718-5000</p> <p><b>Medical Park Hospital, Inc.</b>                  1950 South Hawthorne Road                  Winston-Salem, NC 27103                  (336)718-0600</p> <p><b>North Carolina Baptist Hospital</b>                  Medical Center Boulevard                  Winston-Salem, NC 27157                  (336)716-4750</p> <p><b>Northwest AHEC-Wake Forest University Health                  Sciences</b>                  Medical Center Boulevard                  Winston-Salem, NC 27157                  (336)713-7700</p> <p><b>SemperCare Hospital of Winston-Salem, Inc.</b>                  3333 Silas Creek Parkway                  Winston-Salem, NC 27103                  (336)718-6500</p>

G	<b>FRANKLIN</b>	<p><b>Franklin County Volunteers in Medicine Clinic</b>                      108 Bickett Blvd                      Louisburg, NC 27549                      (919)496-0492</p> <p><b>Franklin Regional Medical Center</b>                      PO Box 609                      Louisburg, NC 27549                      (919)496-5131</p>
	<b>GASTON</b>	<p><b>Bessemer City Health Care Clinic</b>                      540 ED Wilson Road                      Bessemer City, NC 28016                      (704)629-3465</p> <p><b>Gaston County Health Department</b>                      991 West Hudson Blvd                      Gastonia, NC 28052                      (704)853-5262</p> <p><b>Gaston Family Health Services</b>                      991 West Hudson Blvd                      Gastonia, NC 28052                      (704)853-5267</p> <p><b>Gaston Memorial Hospital</b>                      PO Box 1747                      Gastonia, NC 28053                      (704)834-2121</p>
	<b>GATES</b>	<p><b>Gates County Rural Medical Services, Inc.</b>                      501 Main Street                      Gatesville, NC 27938                      (252)357-1226</p>
	<b>GRANVILLE</b>	<p><b>Granville Medical Center</b>                      PO Box 947                      Oxford, NC 27565                      (919)690-3000</p>
	<b>GREENE</b>	<p><b>Greene County Health Department</b>                      227 Kingold Blvd, Suite B                      Snow Hill, NC 28580                      (252)747-8183</p> <p><b>Kate B. Reynolds Medical Center</b>                      205 Martin Luther King Jr. Parkway                      Snow Hill, NC 28580                      (252)747-4199</p> <p><b>Snow Hill Medical Center</b>                      302 N Greene Street                      Snow Hill, NC 28580                      (252)747-2921</p> <p><b>Walstonburg Migrant Resource Center</b>                      204 S Main Street                      Walstonburg, NC 27888                      (252)753-5525</p>

	<p><b>GUILFORD</b></p>	<p><b>Community Clinic of High Point, Inc.</b>            904 N Main Street            High Point, NC 27262            (336)841-7154</p> <p><b>Greensboro AHEC-Moses Cones Health System</b>            1200 N Elm Street            Greensboro, NC 27401            (336)832-8025</p> <p><b>Guilford County Health Department</b>            1100 E Wendover Street            Greensboro, NC 27405            (336)641-7777</p> <p><b>High Point Regional Adult Health Center</b>            624 Quaker Lane, Suite 100C            High Point, NC 27260            (336)878-6027</p> <p><b>High Point Regional Health System</b>            PO Box HP5            High Point, NC 27261            (336)878-6000</p> <p><b>Kindred Hospital – Greensboro</b>            2401 Southside Boulevard            Greensboro, NC 27406            (336)271-2800</p> <p><b>Moses Cone Health System</b>            1200 N Elm Street            Greensboro, NC 27401            (336)832-7000</p>
<p><b>H</b></p>	<p><b>HALIFAX</b></p>	<p><b>Halifax Regional Medical Center, Inc.</b>            PO Box 1089            Roanoke Rapids, NC 27870            (252)535-8011</p> <p><b>Lake Gaston Medical Center</b>            201 N Mosby Avenue            Littleton, NC 27850            (252)586-5411</p> <p><b>Our Community Hospital, Inc.</b>            PO Box 405            Scotland Neck, NC 27874            (252)826-4144</p> <p><b>Roanoke Valley Medical Ministries Clinic</b>            536 Jackson Street            Roanoke Rapids, NC 27870            (252)308-1261</p> <p><b>Rural Health Group of Roanoke Rapids</b>            2066 Highway 125            Roanoke Rapids, NC 27870            (252)536-5000</p>

	<p><b>Scotland Neck Family Medical Center, Inc.</b>            919 Junior High School Road            Scotland Neck, NC 27874            (252)826-3143</p> <p><b>Twin County Rural Health</b>            204 Evans Road            Hollister, NC 27844            (252)586-5151</p>
<p><b>HARNETT</b></p>	<p><b>Anderson Creek Medical Center</b>            6750 Overhills Road            Spring Lake, NC 28390            (910)436-2900</p> <p><b>Angier Medical Center</b>            84 Medical Drive            Angier, NC 27501            (919)639-2122</p> <p><b>Benhaven Medical Center</b>            985 NC 87 South            Cameron, NC 28326            (919)499-9422</p> <p><b>Betsy Johnson Regional Hospital</b>            PO Drawer 1706            Dunn, NC 28335            (910)891-7161</p> <p><b>Boone Trail Medical Center</b>            1000 Medical Center Road            Mainers, NC 27552            (910)893-3063</p> <p><b>Good Hope Hospital, Inc.</b>            410 Denim Drive            Erwin, NC 28339            (910)897-6151</p>
<p><b>HAYWOOD</b></p>	<p><b>Good Samaritan Clinic of Haywood County</b>            112 Academy Street            Waynesville/Canton, NC 28716            (828)648-8676</p> <p><b>Haywood Christian Ministry</b>            150 Branner Avenue            Waynesville, NC 28786            (828)456-4838</p> <p><b>Haywood Regional Medical Center</b>            262 Leroy George Drive            Clyde, NC 28721            (828)456-7311</p>
<p><b>HENDERSON</b></p>	<p><b>Blue Ridge Community Health Services, Inc.</b>            Hwy 64 E &amp; Howard Gap Road            Hendersonville, NC 28793            (828)692-4289</p>



		<p><b>The Free Clinic</b>                      506 Park Hill Court                      Hendersonville, NC 28793                      (828)697-8422</p> <p><b>Margaret R. Pardee Memorial Hospital</b>                      800 North Justice Street                      Hendersonville NC 28791                      (828)696-1000</p> <p><b>Park Ridge Hospital</b>                      PO Box 1569                      Fletcher, NC 28732                      (828)684-8501</p>
	<p><b>HERTFORD</b></p>	<p><b>Helping Hands Clinic</b>                      828 Academy Street                      Ahoskie, NC 27910                      (252)358-7833</p> <p><b>Roanoke-Chowan Hospital</b>                      PO Box 1385                      Ahoskie, NC 27910                      (252)209-3000</p>
	<p><b>HOKE</b></p>	<p><b>Hoke County Health Department</b>                      429 East Central Avenue                      Raeford, NC 28376                      (910)875-3717</p>
	<p><b>HYDE</b></p>	<p><b>Engelhard Medical Center, Inc.</b>                      34575 US 264                      Engelhard, NC 27824                      (252)925-7000</p> <p><b>Ocracoke Health Center, Inc.</b>                      Highway 12, Back Road                      Ocracoke, NC 27960                      (252)928-1511</p>
<p><b>I</b></p>	<p><b>IREDELL</b></p>	<p><b>Davis Regional Medical Center</b>                      PO Box 1823                      Statesville, NC 28687                      (704)873-0281</p> <p><b>Iredell Memorial Hospital, Inc.</b>                      PO Box 1828                      Statesville, NC 28677                      (704)878-4500</p> <p><b>Lake Norman Regional Medical Center</b>                      PO Box 3250                      Mooresville, NC 28117                      (704)660-4010</p> <p><b>Mooresville South Iredell Health Assistance Clinic</b>                      400 E Statesville Ave., Suite 300                      Mooresville, NC 28115                      (704)663-1992</p>

<b>J</b>		<p><b>Open Door Clinic</b>                      1421 Wilmington Avenue                      Statesville, NC 28677                      (704)838-1108</p>
	<b>JACKSON</b>	<p><b>Good Samaritan Clinic of Jackson County</b>                      538 Scotts Creek Drive                      Sylva, NC 28144                      (828)586-3146</p> <p><b>Harris Regional Hospital, Inc.</b>                      68 Hospital Road                      Sylva, NC 28779                      (828)586-7000</p>
	<b>JOHNSTON</b>	<p><b>Johnston County Health Department</b>                      517 N Bright Leaf Blvd                      Smithfield, NC 27577                      (919)989-5200</p>
	<b>JONES</b>	<p><b>Jones County Health Department</b>                      401 Highway 58 South                      Trenton, NC 28585                      (252)448-9111</p>
<b>L</b>	<b>LEE</b>	<p><b>Central Carolina Hospital</b>                      1135 Carthage Street                      Sanford, NC 27330                      (919)774-2100</p> <p><b>Helping Hand Clinic</b>                      507 N Steele Street                      Sanford, NC 27330                      (919)776-4359</p> <p><b>Lee County Health Department</b>                      106 Hillcrest Drive                      Sanford, NC 27331                      (919)718-4640 ext 5388</p>
	<b>LENOIR</b>	<p><b>Kinston Community Health Center</b>                      324 N Queen Street                      Kinston, NC 28502                      (252)522-9800</p> <p><b>Lenoir Memorial Hospital, Inc.</b>                      PO Drawer 1678                      Kinston, NC 28503                      (252)522-7797</p>
	<b>LINCOLN</b>	<p><b>Helping Hands Health Clinic</b>                      PO Box 2031                      Lincolnton, NC 28093                      (704)735-7145</p> <p><b>Lincoln County Health Department</b>                      151 Sigmon Road                      Lincolnton, NC 28092                      (704)736-8634</p>

<b>M</b>		<p><b>Lincoln Medical Center</b>                  PO Box 677                  Lincolnton, NC 28093                  (704)735-3071</p>
	<b>MACON</b>	<p><b>Angel Medical Center, Inc.</b>                  PO Box 1209                  Franklin, NC 28744                  (828)524-8411</p> <p><b>Highlands-Cashiers Hospital, Inc.</b>                  PO Drawer 190                  Highlands, NC 28741                  (828)526-1200</p>
	<b>MADISON</b>	<p><b>Hot Springs Health Program, Inc.</b>                  66 NW Highway 25-70                  Hot Springs, NC 28743                  (828)622-3245</p>
	<b>MARTIN</b>	<p><b>Martin General Hospital</b>                  PO Box 1128                  Williamston, NC 27892                  (252)809-6179</p> <p><b>Martin-Tyrell-Washington Health District</b>                  210 West Liberty Street                  Williamston, NC 27892                  (252)792-7811</p>
	<b>MCDOWELL</b>	<p><b>The McDowell Hospital</b>                  PO Box 730                  Marion, NC 28752                  (828)659-5000</p>
	<b>MECKLENBURG</b>	<p><b>C. W. Williams Office</b>                  3333 Wilkinson Blvd                  Charlotte, NC 28208                  (704)393-7720</p> <p><b>Carolinas Medical Center Mercy/Pineville</b>                  2001 Vail Avenue                  Charlotte, NC 28207                  (704)379-5000</p> <p><b>Carolinas Medical Center Biddle Point</b>                  1801 Rozelles Ferry Road                  Charlotte, NC 28208                  (704)446-9987</p> <p><b>Carolinas Medical Center Eastland Family Practice</b>                  5516 Central Avenue                  Charlotte, NC 28212                  (704)446-1000</p> <p><b>Carolinas Medical Center Northpark</b>                  251 Eastway Drive                  Charlotte, NC 28213                  (704)446-9991</p>

	<p><b>Carolinas Medical Center-University</b> 8800 N Tryon Street Charlotte, NC 28256 (704)548-6000</p> <p><b>Carolina Specialty Hospital</b> Seventh Floor, South Charlotte, NC 28207 (704)379-5117</p> <p><b>Charlotte AHEC-Carolinas HealthCare System</b> PO Box 32861 Charlotte, NC 28232 (704)697-6523</p> <p><b>Charlotte Community Health Clinic</b> 3040 A Eastway Drive Charlotte, NC 28205 (704)316-6561</p> <p><b>Charlotte Institute of Rehabilitation</b> 1100 Blythe Boulevard Charlotte, NC 28203 (704)355-4300</p> <p><b>Charlotte Volunteers in Medicine Free Clinic</b> 1330 Spring Street Charlotte, NC 28206 (704)350-1330</p> <p><b>Community Health Services</b> 1401 E 7<sup>th</sup> Street Charlotte, NC 28204 (704)375-0172</p> <p><b>Free Clinic of Our Towns</b> PO Box 1842 Davidson, NC 28036 (704)896-0471</p> <p><b>Lake Norman Free Clinic</b> 119 Olds Statesville Road Huntersville, NC 28078 (704)947-1350</p> <p><b>Metrolina Comprehensive Health</b> Midtown Medical Plaza 1918 Randolph Rd, Suite 670 Charlotte, NC 28207 (704)393-7720</p> <p><b>Nursing Center for Health Promotion</b> UNC-Charlotte 9201 University City Blvd Charlotte, NC 28223 (704)334-0000</p> <p><b>Presbyterian Hospital</b> PO Box 33549 Charlotte, NC 28233 (704)384-4000</p>
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		<p><b>Presbyterian Hospital Matthews</b>                  PO Box 3310                  Matthews, NC 28106                  (704)384-6370</p> <p><b>Presbyterian Specialty Hospital</b>                  PO Box 33549                  Charlotte, NC 28233                  (704)384-6050</p> <p><b>Shelters Health Services</b>                  534 Spratt Street                  Charlotte, NC 28206                  (704)334-0000</p>
	<p><b>MITCHELL</b></p>	<p><b>Bakersville Community Medical Clinic, Inc.</b>                  86 N Mitchell Avenue                  Bakersville, NC 28705                  (828)688-4970</p> <p><b>Spruce Pine Family Medical Center</b>                  496 Altapass Road                  Spruce Pine, NC 28777                  (828)765-0330</p>
	<p><b>MONTGOMERY</b></p>	<p><b>FirstHealth Montgomery Memorial Hospital</b>                  PO Box 486                  Troy, NC 27371                  (910)572-1301</p> <p><b>Montgomery County Health Department</b>                  217 South Main Street                  Troy, NC 27371                  (910)572-1393</p>
	<p><b>MOORE</b></p>	<p><b>FirstHealth Moore Regional Hospital and Pinehurst Treatment</b>                  PO Box 3000                  Pinehurst, NC 28374                  (910)215-1000</p> <p><b>Moore Regional Hospital, FirstHealth of the Carolinas</b>                  155 Memorial Drive                  Pinehurst, NC 28374                  (910)215-1000</p>
<p><b>N</b></p>	<p><b>NASH</b></p>	<p><b>Harvest Family Health Center, Inc.</b>                  9088 Old Bailey Highway                  Spring Hope, NC 27882                  (252)237-9383</p> <p><b>LifeCare Hospitals of North Carolina</b>                  1031 Noell Lane                  Nashville, NC 27804                  (252)451-2300</p> <p><b>Nash General Hospital</b>                  2460 Curtis Ellis Drive                  Rocky Mount, NC 27804                  (252)443-8070</p>

	<p><b>NEW HANOVER</b></p>	<p><b>New Hanover Community Heath Center, Inc.</b>                  925 N Fourth Street                  Wilmington, NC 28401                  (910)343-0270  <b>New Hanover Regional Medical Center</b>                  2228 S 17<sup>th</sup> Street                  Fiscal Services                  Wilmington, NC 28401                  (910)343-7040  <b>Tileston Outreach Health Center</b>                  320 South 5<sup>th</sup> Street                  Wilmington, NC 28401                  (910)343-8736</p>
	<p><b>NORTHAMPTON</b></p>	<p><b>Rural Health Group</b>                  9425 NC Highway 305                  Jackson, NC 27845                  (252)534-1661  <b>Roanoke Amaranth Community Health Care</b>                  1213 North Church Street Extension                  Jackson, NC 27845                  (252)534-1661</p>
<p><b>O</b></p>	<p><b>ONslow</b></p>	<p><b>Caring Community Clinic</b>                  215 B Station Street                  Jacksonville, NC 28546                  (910)577-2295  <b>Onslow Memorial Hospital</b>                  PO Box 1358                  Jacksonville, NC 28541                  (910)577-2345</p>
	<p><b>ORANGE</b></p>	<p><b>Carrboro Community Health Center</b>                  301 Lloyd Street                  Carrboro, NC 27510                  (919)942-8741  <b>Orange County Health Department</b>                  300 West Tryon Street                  Hillsborough, NC 27278                  (919)245-2411 ext 2412  <b>Piedmont Women’s Health Center (Birthing Center)</b>                  930 Airport Road                  Chapel Hill, NC 27514                  (919)933-3301  <b>Student Health Action Coalition</b>                  UNC School of Medicine                  CB#7000 065 McNider                  Chapel Hill, NC 27599                  (919)843-6841  <b>University of North Carolina Hospitals</b>                  101 Manning Drive                  Chapel Hill, NC 27514                  (919)966-4131</p>

<b>P</b>	<b>PAMLICO</b>	<p><b>HOPE Clinic</b>                  203 N Street                  Bayboro, NC 28515                  (252)745-5760</p> <p><b>Pamlico County Health Department</b>                  203 North Street                  Bayboro, NC 28515                  (252)745-5111</p>
	<b>PASQUOTANK</b>	<p><b>Albemarle Hospital</b>                  PO Box 1587                  Elizabeth City, NC 27906                  (252)384-4600</p> <p><b>Community Care Clinic</b>                  501 Catalina Avenue                  Elizabeth City, NC 27909                  (252)384-4735</p>
	<b>PENDER</b>	<p><b>Black River Health Services</b>                  126 W Main Street                  Atkinson, NC 28421                  (910)259-6973</p> <p><b>Pender County Health Department</b>                  803 S Walker Street                  Burgaw, NC 28425                  (910)259-1230</p> <p><b>Pender Memorial Hospital, Inc.</b>                  507 E Fremont Street                  Burgaw, NC 28425                  (910)259-5451</p>
	<b>PERSON</b>	<p><b>Person Family Medical Center</b>                  702 North Main Street                  Roxboro, NC 27573                  (336)599-9271</p> <p><b>Person Memorial Hospital</b>                  615 Ridge Road                  Roxboro, NC 27573                  (336)599-2121</p>
	<b>PITT</b>	<p><b>Greenville Community Shelter Clinic</b>                  1600 Chestnut Street                  Greenville, NC 27834                  (252)758-9244</p> <p><b>Grimesland Community Resource Center</b>                  550 River Street                  Grimesland, NC 27837                  (252)758-2698</p> <p><b>JR Harvey Health Resource Center</b>                  202 Queen Street                  Grifton, NC 28530                  (252)524-3475</p>

R		<p><b>HealthAssist</b>                      PO Box 6028                      Greenville, NC 27835                      (252)816-7016</p> <p><b>Pitt County Indigent Care Clinic</b>                      550 River Road                      Grimesland, NC 27837                      (252)758-2678</p> <p><b>Pitt County Memorial Hospital</b>                      2100 Stantonsburg Road                      Greenville, NC 27835                      (252)816-4100</p>
	<b>POLK</b>	<p><b>Saluda Medical Center, Inc.</b>                      86 Greenville Street                      Saluda, NC 28773                      (828)749-4411</p> <p><b>St. Luke's Hospital</b>                      101 Hospital Drive                      Columbus, NC 28722                      (828)894-3311</p>
	<b>RANDOLPH</b>	<p><b>Mercy Medical Clinic</b>                      1831 N Fayetteville Street                      Asheboro, NC 27204                      (336)672-1300</p> <p><b>Randolph Hospital, Inc.</b>                      PO Box 1048                      Asheboro, NC 27204                      (336)625-5151</p>
	<b>RICHMOND</b>	<p><b>FirstHealth Richmond Memorial Hospital</b>                      925 Long Drive                      Rockingham, NC 28379                      (910)417-3000</p> <p><b>Sandhills Regional Medical Center</b>                      PO Box 1109                      Hamlet, NC 28345                      (910)205-8000</p>
	<b>ROBESON</b>	<p><b>Greenbrier</b>                      703 S Walnut Street                      Fairmont, NC 28340                      (910)628-9021</p> <p><b>Hope Retirement Village</b>                      104 Hope Lane                      Red Springs, NC 28377                      (910)843-5461</p> <p><b>Julian T. Pierce Health Center</b>                      East Wardell Drive                      Pembroke, NC 28372                      (910)521-2816</p>



	<p><b>Leisure Living</b>                  Germone Street                  Lumberton, NC 28358                  (910)739-7592</p> <p><b>Lumberton Health Center</b>                  901 North Chestnut Street                  Lumberton, NC 28358                  (910)739-1666</p> <p><b>Maxton Medical Center</b>                  610 E Martin Luther King Jr. Drive                  Maxton, NC 28364                  (910)844-5253</p> <p><b>Sampson's Rest Home</b>                  901 Goins Road                  Pembroke, NC 28372                  (910)521-8544</p> <p><b>Southeastern Regional Medical Center</b>                  PO Box 1408                  Lumberton, NC 28359                  (910)671-5000</p> <p><b>South Robeson Medical Center</b>                  1212 South Walnut Street                  Fairmont, NC 28340                  (910)628-6711</p>
<p><b>ROCKINGHAM</b></p>	<p><b>Annie Penn Hospital</b>                  618 South Main Street                  Reidsville, NC 27320                  (336)951-4000</p> <p><b>Free Clinic of Reidsville &amp; Vicinity, Inc.</b>                  315 S Main Street                  Reidsville, NC 27323                  (336)349-3220</p> <p><b>Morehead Memorial Hospital</b>                  117 East Kings Highway                  Eden, NC 27288                  (336)623-9711</p> <p><b>Rockingham County Health Department</b>                  371 NC 65, Suite 204                  Wentworth, NC 27375                  (336)342-8143</p>
<p><b>ROWAN</b></p>	<p><b>Community Care Clinic of Rowan County</b>                  315-G Mocksville Avenue                  Salisbury, NC 28144                  (704)636-4523</p> <p><b>The Good Shepard's Clinic</b>                  223 N Fulton Street                  Salisbury, NC 28144                  (704)636-7200</p>

S		<p><b>Rowan County Health Department</b>                      1811 East Innes Street                      Salisbury, NC 28146                      (704)638-2900</p> <p><b>Rowan Regional Medical Center</b>                      612 Mocksville Avenue                      Salisbury, NC 28144                      (704)210-5000</p>
	<b>RUTHERFORD</b>	<p><b>Rutherford Hospital, Inc.</b>                      288 South Ridgecrest Avenue                      Rutherfordton, NC 28139                      (828)286-5000</p> <p><b>St. Gabriel's Wellness Center</b>                      330 N Ridgecrest                      Rutherfordton, NC 28139                      (828)286-0228</p>
	<b>SAMPSON</b>	<p><b>Carolina Pines Community Health Center</b>                      500 S Fayetteville Street                      Salemburg, NC 28382                      (910)525-5515</p> <p><b>Roseboro Medical Clinic, Sampson Regional Medical Center</b>                      304 W Fayetteville Street                      Roseboro, NC 28382                      (910)525-5055</p> <p><b>Rural Health Group, Inc.</b>                      PO Box 640                      Newton Grove NC 28366                      (919)594-1063</p> <p><b>Sampson Regional Medical Center</b>                      PO Box 260                      Clinton, NC 28329                      (910)592-8511</p> <p><b>Tri-County Community Health Center</b>                      3331 Easy Street                      Dunn, NC 28334                      (910)567-6194</p>
	<b>SCOTLAND</b>	<p><b>Scotland Memorial Hospital and Edwin Morgan Center</b>                      500 Lauchwood Drive                      Laurinburg NC 28352                      (910)291-7000</p>
	<b>STANLY</b>	<p><b>Community Care Clinic</b>                      220 Yadkin Street                      Albemarle, NC 28001                      (704)982-6640</p> <p><b>Stanly County Health Department</b>                      1000 N First Street, Suite 3                      Albemarle, NC 28001                      (704)986-3000</p>

		<p><b>Stanly Memorial Hospital</b>                  PO Box 1489                  Albermarle, NC 28002                  (704)984-4347</p>
	<b>STOKES</b>	<p><b>Stokes County Health Department</b>                  Highways 8 &amp; 89 North                  Danbury, NC 27016                  (336)593-2400</p> <p><b>Stokes-Reynolds Memorial Hospital, Inc.</b>                  PO Box 10                  Danbury, NC 27016                  (336)593-2831</p>
	<b>SURRY</b>	<p><b>Hugh Chatham Memorial Hospital, Inc.</b>                  PO Bo 560                  Elkin, NC 28621                  (336)527-7000</p> <p><b>Northern Hospital of Surry County</b>                  PO Box 1101                  Mount Airy, NC 27030                  (336)719-7100</p> <p><b>Surry County Health and Nutrition Center</b>                  118 Hambry Raod                  Dobson, NC 27017                  (336)401-8411</p> <p><b>Surry Medical Ministries Clinic</b>                  813 Rockford Street                  Mount Airy, NC 27030                  (336)789-5058</p>
	<b>SWAIN</b>	<p><b>Swain County Hospital</b>                  45 Plateau Street                  Bryson City, NC 28713                  (828)488-2155</p>
<b>T</b>	<b>TRANSYLVANIA</b>	<p><b>Transylvania Community Hospital and Bridgeway</b>                  PO Box 1116                  Brevard, NC 28712                  (828)883-5302</p> <p><b>Transylvania County Volunteers in Medicine</b>                  203 E Morgan Street                  Brevard, NC 28712                  (828)883-4454</p>
	<b>TYRELL</b>	<p><b>Columbia Medical Center</b>                  208 North Broad Street                  Columbia, NC 27925                  (252)796-0689</p>
<b>U</b>	<b>UNION</b>	<p><b>HealthQuest of Union County</b>                  412 East Franklin Street                  Monroe, NC 28112                  (704)226-2050</p>

<b>V</b>		<p><b>Union Regional Medical Center</b>                  PO Box 5003                  Monroe, NC 28111                  (704)283-3100</p>
	<b>VANCE</b>	<p><b>Maria Parham Hospital Medical Center</b>                  PO Box 59                  Henderson, NC 27536                  (252)436-1100</p>
<b>W</b>	<b>WAKE</b>	<p><b>Apex Family Medicine</b>                  212 South Salem Street                  Apex, NC 27502                  (919)362-5201</p> <p><b>Carolina Women’s Medical Clinic</b>                  3301 Executive Drive                  Raleigh, NC 27611                  (919)954-3000</p> <p><b>Horizon Health Center</b>                  102 N Tarboro Road                  Raleigh, NC 27610                  (919)743-3315</p> <p><b>The Open Door Clinic</b>                  Urban Ministries of Wake County                  840 Semart Drive                  Raleigh, NC 27604                  (919)832-0820</p> <p><b>Rex Hospital</b>                  4420 Lake Boone Trail                  Raleigh, NC 27607                  (919)784-3111</p> <p><b>Rock Quarry Road Family Medicine</b>                  1001 Rock Quarry Road                  Raleigh, NC 27610                  (919)833-3111</p> <p><b>Southern Wake Family Medicine</b>                  130 N Judd Parkway NE                  Fuquay-Varina, NC 27526                  (919)557-1110</p> <p><b>Western Wake Medical Center</b>                  1900 Kildaire Farm Road                  Cary, NC 27511                  (919)350-2550</p>
	<b>WARREN</b>	<p><b>HealthCo, Inc.</b>                  1 Opportunity Drive                  Soul City, NC 27553                  (252)456-2181</p> <p><b>Norlina Medical Clinic, Maria Parham Medical Center</b>                  1010 Division Street                  Norlina, NC 27563                  (252)438-4143</p>

<b>WASHINGTON</b>	<p><b>Washington County Hospital, Inc.</b>                  PO Box 707                  Plymouth, NC 27962                  (252)793-4135</p>
<b>WATAGUA</b>	<p><b>Blowing Rock Hospital</b>                  PO Box 148                  Blowing Rock, NC 28605                  (828)295-3136</p> <p><b>Watagua County (Appalachian) District</b>                  126 Poplar Grove Connector                  Boone, NC 28607                  (828)264-4995</p> <p><b>Watauga Medical Center, Inc.</b>                  PO Box 2600                  Boone, NC 28607                  (828)262-4100</p>
<b>WAYNE</b>	<p><b>Mt. Olive Family Medicine Center, Inc.</b>                  238 Smith Chapel Road                  Mount Olive, NC 28365                  (919)658-4954</p> <p><b>Wayne Memorial Hospital, Inc.</b>                  PO Box 8001                  Goldsboro, NC 27533                  (919)736-1110</p>
<b>WILKES</b>	<p><b>Boomer Medical Center, Inc.</b>                  156 Boomer Community Center Road                  Boomer, NC 28606                  (336)291-2273</p> <p><b>West Wilkes Medical Center, Inc.</b>                  171 West Wilkes Medical Center                  Ferguson, NC 28624                  (336)973-7050</p> <p><b>Wilkes County Health Department</b>                  306 College Street                  Wilkesboro, NC 28697                  (336)651-7450</p> <p><b>Wilkes Regional Medical Center</b>                  PO Box 609                  North Wilkesboro, NC 28659                  (336)651-8100</p>
<b>WILSON</b>	<p><b>Carolina Family Health Centers, Inc.</b>                  303 East Green Street                  Wilson, NC 27893                  (252)293-0013</p> <p><b>WATCH Mobile Unit</b>                  c/o Wayne Memorial Hospital                  PO Box 8001 2700                  Goldsboro, NC 27533                  (919)731-6653</p>

<b>Y</b>		<p><b>Wilson Medical Center</b>                      1705 South Tarboro Street                      Wilson, NC 27893                      (252)399-8040</p>
	<b>YADKIN</b>	<p><b>Hoots Memorial Hospital, Inc.</b>                      624 West Main Street                      Yadkinville, NC 27055                      (336)679-2041</p> <p><b>Yadkin County Health Department</b>                      217 E Willow Street                      Yadkinville, NC 27055                      (336)679-4203</p>
	<b>YANCEY</b>	<p><b>Celo Health Center</b>                      200 Seven Mile Ridge Road                      Burnsville, NC 28714                      (828)675-4116</p> <p><b>Yancey Community Medical Center</b>                      320 Pensacola Road                      Burnsville, NC 28714                      (828)682-0200</p> <p><b>Yancey County (Toe River District) Health Department</b>                      10 Swiss Avenue                      Burnsville, NC 28714                      (828)765-2239</p>

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*Mark T. Benton*

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Department of Health and Human Services

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