

**INSTRUCTIONS FOR MEDICAID PAYMENT INFORMATION REQUEST**  
**ALL INITIAL REQUESTS FOR THE LIST OF MEDICAID PAYMENTS MUST BE IN**  
**WRITING TO:**

THIRD PARTY RECOVERY SECTION  
DIVISION OF HEALTH BENEFITS  
2508 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2508

**OR**

**You may fax your request to: (919) 831-1812**

**Attention Attorneys: To obtain a lien amount, you must submit a Letter of Attorney Representation and Medical Authorization Release form for your client. The Authorization must be signed and dated within the current year.**

**PLEASE USE ONLY ONE OF THE ABOVE OPTIONS (EITHER BY FAX OR MAIL).**

**SENDING TWO REQUESTS MAY CREATE DUPLICATE FILES AND DELAY THE PROCESS. OUR POLICY FOR REQUEST OF DOCUMENTATION ALLOWS 6 TO 8 WEEKS TO RESPOND TO REQUESTS.**

Attached is the Request for List of Medicaid Payments (DMA-2073). Please photocopy a supply of this form and submit one for each beneficiary that you suspect may have Medicaid coverage. Accurate completion of this form (including providers, service dates and release dates) furnishes us with helpful information in completing your request.

This office should be contacted no more than one (1) month prior to any disbursement of funds to obtain updated payment information.

**DO NOT SUBMIT A SECOND REQUEST FORM FOR UPDATES.**

The Third-Party Recovery Section will provide your office with prompt and courteous service. However, due to the large number of payment requests, please allow us the adequate time (2 weeks) to respond to your request prior to calling for status information. Payment requests are responded to in the order that they are received. We will not provide Medicaid Payment amounts on same day of the request.