

REMITTANCE SORT REQUEST

The New York Medicaid paper remittance advice is sorted by Claim Status/Client ID/ TCN, unless otherwise requested. There are three additional sort patterns available. If you prefer to receive your paper remittance sorted in one of the patterns of choice, please complete all of the following information and check one of the choices in item #8 below. Please mail or FAX this form to:

Computer Sciences Corporation
Attn: Provider Enrollment Support
P.O. Box 4614
Rensselaer, New York 12144
FAX: (518) 257-4632

1. PROVIDER MEDICAID NUMBER(S):

8-digit Medicaid Number: _____ (Required)

10-digit National Provider ID (NPI): _____ (Required, unless NPI exempt)

(For multiple provider IDs, please submit a separate list attached to this form)

2. ORGANIZATION NAME: _____

3. ADDRESS:

4. CONTACT NAME: _____

5. CONTACT PHONE #: _____

6. EMAIL ADDRESS: _____

7. FAX #: _____

8. REMITTANCE SORT – CHECK ONE:

C = CLIENT ID / CLAIM STATUS / TCN _____

T = TCN / CLAIM STATUS / CLIENT ID / DATE OF SERVICE _____

D = DATE OF SERVICE / CLAIM STATUS / CLIENT ID _____

SIGNATURE: _____ **DATE SIGNED:** _____

SIGNED BY (PRINTED NAME): _____ **TITLE:** _____

Please note: This form will be returned if it contains incomplete or illegible information.