

**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 MEDICAL ASSISTANCE  
2508 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2508

◆ OR ◆

**YOU MAY FAX YOUR REQUEST TO (919) 814-0038**

**Attention Attorneys: In order to obtain a lien amount, you must submit an  
Authorization from 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  
SLOW DOWN THE PROCESS. OUR POLICY 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 date) 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 in order to obtain updated payment information.

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

The Third Party Recovery Section will attempt to provide your office with prompt and courteous service. However, due to the large number of payment requests, please allow us adequate time (2 weeks) to respond to your request before calling for status information. Payment requests are responded to on the "first come, first served" basis. It will not be possible to provide Medicaid Payment amounts on the same day of your request.