



I M P O R T A N T I N F O R M A T I O N

B R 1 9 9 9 3 0

J U L Y 2 7 , 1 9 9 9

To All Indiana Medicaid Providers:

Effective August 23, 1999, there will be a \$0.15 per page charge for a duplicate remittance advice (RA) requested one year or more after the original date of issue.

The duplicate RA can be requested by calling EDS Client Services at 1-800-577-1278 or (317) 655-3240 (Indianapolis local number). A Customer Assistance analyst will verify the number of pages for calculating the correct amount to enclose with the written request. Checks must be made payable to EDS and mailed with the written request to:

EDS Provider Written Inquiry
P. O. Box 68420
Indianapolis, IN 46268-0420

Requests received without a check will be returned with a form letter asking the provider to resubmit the request with a check for the calculated amount.