

Notice of Instruction

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Notice of Instruction Number: #012511 - Retroactive Billing Request Form- mn

TO: All Lead Agencies/PSA 6
FROM: Michael Noel, Medicaid Waiver Specialist/ARC Enrollment Manager
DATE: January 25, 2011
SUBJECT: Retroactive Billing Request Form Updated
cc: Program Managers/Medicaid Waiver Specialists

This Notice of Instruction (NOI) is to provide WCFAAA Lead Agencies with the updated Retroactive Billing Request Form. This NOI updates the Retroactive Billing Request form provided as part of the previously released *NOI #111810 – Retroactive Billing*.

The updated Retroactive Billing Request Form has been modified to ensure that case manager's provide WCFAAA with the date they obtain the signed Physician Referral Form #3008. Please distribute this updated form to all case managers for their immediate use.

Thank you for your continued commitment to Florida's elders. Should you require additional information, please contact Michael Noel, Medicaid Waiver Specialist.

Attachments-
[Retroactive Expenditure Tracking Log and Request Form \(excel\)](#)

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