

**Statewide Medicaid Managed Care roster billing claims**

Managed Medical Assistance    Long-term Care

Provider/Facility Name: \_\_\_\_\_ Amerigroup Community Care Provider ID: \_\_\_\_\_

TIN/SSN: \_\_\_\_\_ NPI: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

Provider/facility address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Member name | Amerigroup ID | Member DOB | Diagnosis code | Date(s) of service |               | Procedure code | Modifier | Unit | Charges |
|-------------|---------------|------------|----------------|--------------------|---------------|----------------|----------|------|---------|
|             |               |            |                | From (MM-DD-YY)    | To (MM-DD-YY) |                |          |      |         |
|             |               |            |                |                    |               |                |          |      |         |
|             |               |            |                |                    |               |                |          |      |         |
|             |               |            |                |                    |               |                |          |      |         |
|             |               |            |                |                    |               |                |          |      |         |
|             |               |            |                |                    |               |                |          |      |         |
|             |               |            |                |                    |               |                |          |      |         |

Additional comments and/or changes to your contact information:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please fax this completed form to 1-866-779-3031**  
**For questions, please call 1-800-600-4441 for MMA providers or 1-877-440-3738 for LTC providers.**

Facility signature: \_\_\_\_\_ Date signed: \_\_\_\_\_ Phone number: \_\_\_\_\_

This is not a guarantee of payment. Reimbursement of your medical claim is subject to the terms of the specific coverage including, but not limited to, member eligibility, plan policy limitations or exclusions, plan benefits, timely claims filing, and accurate billing of services. Benefits will be determined upon receipt of the claims. In order for claims to be processed accurately and in a timely manner, prior authorization for these services must be obtained. If you have any questions regarding authorized services, please contact your Amerigroup Community Care care coordinator.

Important Note: You are not permitted to use or disclose Protected Health Information about individuals that you are not currently treating or have enrolled to your practice. This applies to Protected Health Information accessible in any online tool, or sent in any medium including mail, email, fax or other electronic transmission.