AID TO THE BLIND/REMEDIAL (Approval Notice)

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
SFN 412 (6-2013)

Clear Fields

Date
Case Number

Name		Telephone Number	
Address	City	State	ZIP Code

RE: Application for Aid to the Blind/Remedial Program

The North Dakota Department of Human Services, State Review Team, has APPROVED your coverage under the Aid to the Blind/Remedial Program.

The Aid to the Blind/Remedial program excludes preoperative evaluation but will assist in payment of the following medical services during this period of eligibility:

☐ Left Eye ☐ Right Eye ☐ Both Eyes	Effective Date through

The decision is based on North Dakota Century Code 50- 24.1-06, which allows the department to place appropriate limits on services based on such criteria as medical necessity. If you believe this decision is incorrect and request an appeal of this decision, please refer to the **Right of Hearing** notice enclosed.

Recipient Liability is the portion of the medical expense you will be responsible to pay each month, pertaining to your eye treatment. Your recipient liability is based on your actual income for each month of eligibility.

Month	Amount

You must advise your medical providers to follow these instructions in order to process their bills and have them paid correctly and without confusion. Advise your providers to enter the case number listed at the top of the form on every bill they submit for payment. **Advise them that all requests for payment must be submitted to:**

STATE REVIEW TEAM
MEDICAL SERVICES
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
600 E BOULEVARD AVE-DEPT 325
BISMARCK ND 58505-0250

Please stress to your medical providers how important it is to send the bills for your eye treatment to the above address with your case number on them as these are paid by a special process and not through the normal provider payment process under regular Medicaid.

If you or your providers have questions, call me at the county telephone number listed below.

Eligibility Worker	Title of Eligibility Worker	Telephone Number

Distribution: State Office
County
Client

RIGHT TO HEARING

The North Dakota Department of Human Services provides an opportunity for a fair hearing to any person whose claim for assistance is denied or not acted upon promptly or if action is taken to suspend, terminate, or reduce services.

You may request a hearing if you believe the decision in this notice is incorrect. The request for hearing must be made in writing, within 30 days from the date of notice. Please send your appeal request to:

APPEALS SUPERVISOR
ND DEPARTMENT OF HUMAN SERVICES
600 E BOULEVARD AVENUE-DEPT 325
BISMARCK ND 58505

NONDISCRIMINATION
Any person who believes he/she has been discriminated against because of race, color, religion, sex, national origin, age, political beliefs, handicap, or status with respect to marriage or public assistance may file a written complaint with the county social service board; the North Dakota Department of Human Services for Civil Rights; or the Office of Civil Rights, Department of Health and Human Services, Federal Office Building, 1961 Stout Street, Denver CO 80294.

You may have an attorney, relative, friend, or other person assist you in your hearing. If you do not have money to pay for an attorney, you may contact a free legal service organization in your area to see if they can assist you. It is advisable that you contact them as soon as possible if you would like them to represent you. The North Dakota Department of Human Services provides this list of Legal Aid organizations for your information.

RESPONSIBILITY TO REPORT CHANGES
It is the responsibility to report any changes including but not limited to income, assets, address, living arrangements, and persons living in your home within ten days.