RECIPIENT 'COORDINATED SERVICES PROGRAM (CSP)' PROVIDER SELECTION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL DIVISION
SFN 558 (5 -2008)

Clear Fields

Medicaid hereby authorizes the following provider(s) of Medical Services to receive payment for services provided to me.

MEDICAID PRACTITIONER

Name	Provider Number
Address	
City	State

PHARMACY/OTHER PROVIDER

Name	Provider Number
Address	
City	State

DENTIST

Name	Provider Number
Address	
City	State

I understand that Medicaid will make no payment to any other similar provider of medical care or services which may be used by me except in a medical emergency or upon referral from my primary practitioner/provider.

Print Name
Signature
Address
Date
Witness
Witness

IMPORTANT - INFORMATION ON RECIPIENT'S RIGHTS ON REVERSE SIDE

The decision to implement the "Coordinated Service Program (CSP)" in your case is authorized by North Dakota Administrative Code 75-02-02-11.

Under Section 1902 (a) (23) of the Social Security Act, you are provided freedom of choice in selecting your primary practitioner/provider.

If you are not satisfied with the decision to impose the CSP, you may request a fair hearing within 30 days. A form upon which to make a request may be obtained from either your county social service board office or from the North Dakota Department of Human Services in Bismarck. If your appeal is made within ten (10) days of issuance of the notice from the county social service board of the CSP, the imposition of the CSP shall be stayed until a decision is reached in the appeal. If no appeal is made within 10 days, no medical assistance authorization will be issued on your behalf for medical care or services of the misutilization type until receipt of this form identifying your selection of primary practitioner/provider.

You shall have the right to request a change of primary practitioner/provider by contacting your county agency worker and stating good cause for the request of change.

Your request shall be referred to the North Dakota Department of Human Services - Division of Medical Services for approval, and you shall be duly notified of the decision in writing.

DISTRIBUTION: **Original** - Medical Services
Canary - County Social Service Board
Pink - Recipient