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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-78

Date: June 1, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Zip Code Directory

ATTACHMENTS: Attachment I - Zip Code Fiche Request (available on-line)

In an effort to assist your district in identifying providers who service Medicaid recipients, the Division of Medical Assistance will distribute, on a quarterly basis, a zip code directory in microfiche format of all enrolled providers in your geographic and medical marketing area. When utilized in conjunction with the MR-0-19 report the identification of actively billing providers may be readily identified.

In order to facilitate the distribution of this information, we are requesting that you identify a contact person in your local district and the zip codes in your geographic area. Please use the attached form and submit to Mr. Reynold Easton of my staff by June 29, 1990.

If you have any questions, Mr. Easton may be contacted at 1-800-342-3715, ext. 3-5886.

Thank you for your cooperation.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance

ATTACHMENT I

ZIP CODE FICHE REQUEST

COUNTY: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

REQUIRED ZIP CODES: _____

PLEASE RETURN THIS FORM TO:

Mr. Reynold W. Easton
New York State Department of Social Services
Division of Medical Assistance
P.O. Box 118
Albany, New York 12260-0118