

**Recipient's case manager to provide the following fully completed documents with required signatures:**

Fax Cover Sheet

MAD 378

CIA

H&P

Allocation letter *\*if new to program*

Expedited allocations will have additional documentation

Jackson Class members and children will be identified via fax cover sheet

**Please double check the accuracy of all information submitted:**

Correct spelling of recipient name

Accuracy of recipient Medicaid ID

Recipient date of birth

Physician's Signature and date is completed

Correct service dates

All NM state service provider ID's

Ensure completeness for all required fields on LOC