

**STATE OF NEW JERSEY  
MEDICAID FRAUD DIVISION, RECOVERY AND EXCLUSIONS UNIT  
EXCLUSION VERIFICATION FORM**

**If the company where the individual is seeking employment is not associated with the medical profession, MFD will not process the request. If a verification is needed, the MFD Exclusion Report should be consulted to confirm any identifying information listed, i.e. DOB, address etc., whether the information is a match or not there would be no need to proceed with further verification. If no identifying information is listed on the report, a request should be sent.**

Credentialing Agency: \_\_\_\_\_

Address and Contact #: \_\_\_\_\_

Employee Name and Title: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_

Company Individual is seeking employment: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NPI Number: \_\_\_\_\_

Reason for Verification Request:

**Any non-medical inquiry will not be processed or responded to, please contact the appropriate agency for such inquiries**

**All requests for verification should be sent to the [MFDverifymailbox@osc.nj.gov](mailto:MFDverifymailbox@osc.nj.gov)**