

Enrollment and claims payment questions should be addressed directly with the NJ FamilyCare Managed Care Organization (MCO) prior to contacting the Division of Medical Assistance and Health Services. Forms can emailed to [mahs.provider-inquiries@dhs.nj.gov](mailto:mahs.provider-inquiries@dhs.nj.gov)

**INQUIRY FORM**

**Caller Name:**  
(Individual Making the Inquiry)

**Contact Phone or Email:**

<b>Member Information</b>	<b>Member's Name</b>	
	<b>Member's Medicaid Number</b>	
	<b>Member's Date of Birth</b>	
<b>Service Information</b>	<b>MCO/Health Plan if applicable</b>	
	<b>Type of Inquiry</b>	
	<b>Service Provider</b>	
	<b>Service*</b>	
	<b>Date(s) of Service</b>	
<b>Notes:</b> (Summary of caller information)		

\*Service not required – may select Not Service Specific