Adoption Medical Subsidy Services Billing Statement

****Please Note: Most services require prior approval before services can be processed/paid through the Adoption Medical Subsidy program.**

Child Name: _____ DOB: _____

Parent/Guardian Name: _____

Email address: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP _____

Child's Diagnosis/Certified Condition: _____

Provider's name: Ripple Effects Community Inclusion Center

Email address: info@rippleeffectsinclusion.org Phone #: 269-257-9060

Address: 2255 W. Centre Ave.

City: Portage State MI ZIP: 49024

Provider's Federal ID #: 93-2709963

OR

Social Security #: _____ and DOB _____

License or certification # of provider (if applicable): _____

Is provider registered in SIGMA?

☒ Yes Provide SIGMA vendor code: VS0294360

☐ NO Go to https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService to register or contact SIGMA VSS at 888-734-9749 or by email at SIGMA-VENDOR@michigam.gov if you have questions.

* SIGMA vendor code must be provided to analyst once registration is complete.

DATE	TIME (1 PM-2 PM)	SERVICE PROVIDED/ BILLING CODE	TOTAL FEE

Total Amount Requested:

Provider Signature Date:

MUST Check one:

☐ I have attached a copy of the rejection statement from my private insurance carrier and/or Medicaid.

☐ Documentation has been provided indicating that all other resources have been ~~exhausted~~ utilized (Private insurance, Medicaid, CSHCS, CMH, if applicable) and are attached (EOBs) to this bill.

☐ No other resources available to assist with the cost of services.

☐ By signing this billing statement, I consent to the Adoption and Guardianship Assistance Office to discuss information regarding billing for services listed on this statement with the provider named on this statement.

☐ I have reviewed this bill for accuracy and by my signature, I am verifying that service(s) was provided, the time and dates of services are billed accurately.

Parent/Guardian Signature: Date:

Mail/Fax/Email Claim/Bill to:

Michigan Department of Human Services
Adoption Subsidy Office, Suite 612
P. O. Box 30037
Lansing, MI 48909
Fax #: 517-241-7042 or 517-335-4019
Email: MDHHS-MedicalSubsidyClaims@michigan.gov