



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712
Trenton, NJ 08625-0712

PHILIP D. MURPHY
Governor

CAROLE JOHNSON
Commissioner

SHEILA Y. OLIVER
Lt. Governor

JENNIFER LANGER JACOBS
Assistant Commissioner

Notice to Enrollee(s)

In an effort to properly set-up the identity of an individual or an entity as a NJ Medicaid provider the Division requires that when a social security number is the primary means of identity you are required to submit a copy of your social card.

If you are an entity, you are required to submit a copy of your 147C letter from the IRS or copy of the IRS CP-575 form.

PLEASE BE ADVISED THAT YOUR APPLICATION TO BECOME A NJ MEDICAID PROVIDER CANNOT BE COMPLETED UNTIL WE HAVE RECEIVED A COPY OF THESE DOCUMENTS.