DMA-2000H REV. 07/2005

HEALTH AGENCIES **REQUEST FOR DMA FORMS**

Send To:

DIVISION OF MEDICAL ASSISTANCE MAIL MANAGEMENT SECTION 2501 MAIL SERVICE CENTER RALEIGH, NC 27699-2501

COURIER # <u>MSC - 2501</u>

FAX # (919) 715-2798 (EMERGENCY ONLY) (3 FORMS MAX) PH. # (919) 855-4160 (INQUIRE ABOUT FORMS)

From:	
HEALTH	AGENCY:

ADDRESS:

ATTN:

WRITE FORM NUMBER IN WHITE SPACE	- YOU WILL RECEIVE 500 OF THAT FORM
(DO NOT WRITE IN GRAY SPACE \downarrow)	(DO NOT WRITE IN GRAY SPACE \downarrow)

FORM # 🗍 FORM # X = OUT WHITE AND YELLOW COPY = SEND IN TO DMA YELLOW COPY = WILL BE SENT BACK WITH ORDER PINK COPY = YOUR AGENCY KEEPS THIS COPY



X = OUT

COURIER #:

DATE:_