



FIDELIS CARE
NEW YORK

Membership Verification Letter

To Whom It May Concern:

Please accept this notification as method of verifying membership for the following Fidelis Care New York Member(s):

UB ID :

Name:

ID Number:

D.O.B:

Plan: Medicaid

Gender:

Effective Date:

Termination Date: N/A

I hereby attest that this plan meets the following standards:

(YES) The subscriber's plan offer coverage of at least \$100,000.00 per condition Per Policy Year.

(YES) *The subscriber's plan covers inpatient and Outpatient **mental & medical** care within 25 miles of the University at Buffalo campus area. *Emergency Only coverage does not meet this requirement.* ***<Service with Participate in network provider for Erie County>**

(YES) The subscriber's plan provides coverage for pre-existing conditions or I have met the existing waiting period of my plan.

(YES)*The subscriber's plan provides prescription drug coverage (either as part of or as separate prescription plan.)

(Not applicable) * The subscriber's plan is currently active and provides insurance coverage through the entire 2011/2012 academic year.
<Local Department of Social Services handles enrollment>

If you need additional information, please contact
1-888- FIDELIS (1-888-343-3547)

Sincerely,

Member Services Supervisor

NORTHEAST REGION

8 Southwoods Boulevard
Albany, New York 12211
(518) 427-9584

CENTRAL REGION

5010 Campuswood Dr.
Syracuse NY 13057
(315) 437-4875

METROPOLITAN REGION

35-25 Queens Boulevard
Rego Park, New York 11374
(718) 896-6500

WESTERN REGION

40 John Glenn Drive Suite 200
Amherst, New York 14228
(716) 564-3630

FIDELIS CARE NEW YORK IS THE CATHOLIC-SPONSORED HEALTH PLAN