



## Membership Verification Letter

12/12/2011

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 pre-existing waiting period of my plan.

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

(Not applicable) \* The subscriber's plan is currently active and I agree to maintain health insurance coverage through the entire 2011/2012 academic year.

**<Local Department of Social Services handles recertification process>**

If you need additional information, please contact our Member Services Department at 1-888- FIDELIS (1-888-343-3547)

Sincerely,

  
Member Services Supervisor

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

**GREATER METROPOLITAN REGION**  
95-25 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

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

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