

November 1, 2007

Provider Name
Provider Address 1
Provider Address 2
City, State, MI Zip

RE: Ophthalmology Service Billing Instructions

Dear Dr. **Provider Last Name**:

Effective immediately, all covered medical/surgical ophthalmology services provided in your office should be billed to the following address:

Molina Healthcare of Michigan, Inc.
PO Box 22668
Long Beach, CA 90801

Primary eye care services, typically a comprehensive eye exam for glasses and contact lenses, must be provided by a March Vision Care Group contracted provider. I have attached a list of March Vision Care providers for your reference. If you are interested in participating on the March Vision Care Group panel please contact Adrienne Ferrer at March Vision Care. She may be reached at (888) 493-4070, extension 2426.

Please contact your Provider Services Representative or Natasha Robinson if you have questions or concerns, at 1-888-898-7969 x 155815.

Sincerely,

Brenda R. Lever, MA, BA
Director, Provider Services and Community Outreach

Enclosures