

Appointment Letter
NYS Department of Health, State Disability Review Unit

Contractor's Toll Free Number: 1-800-

Date: Click here to enter date.

Contractor's Fax Number:

Order #: Click here to enter number.

Click here to enter name.

Date of Birth: Click here to enter DOB.

Click here to enter address.

Client ID Number (CIN): Click here to enter CIN.

Click here to enter address.

Disability ID Number: Click here to enter DIN.

Dear Click here to enter name.:

This agency is responsible for obtaining additional medical information in connection with your application or continuation of Medicaid disability benefits. IT WILL BE NECESSARY FOR YOU TO BE EXAMINED BY THE SPECIALIST NAMED BELOW REGARDING Click here to enter text.. **WE WILL PAY FOR ALL EXAMINATIONS AND TESTS REQUIRED.**

Specialist: Click here to enter name.

Specialist's Telephone Number: Enter phone number.

Address: Click here to enter address.

Specialist's Fax Number: Enter fax number.

Click here to enter address.

Your appointment is on Click here to enter a date.at Enter time. A.M. or P.M.

You must keep this appointment at the time and date indicated above. Bring this notice, personal identification (e.g., U.S. State-issued driver's license or ID card with photo; ID card issued by the federal, state or local government agency; U.S. passport; U.S. military ID; student or school ID with photo; verified school, nursery school or daycare records for children under 16 or clinic; doctor or hospital records for children under 16) and all current medications you take in their original containers. Also, bring your hearing aids, eyeglasses, contact lenses, canes, or other medical aids if you use them.

If you require assistance with transportation, call us immediately so that we can make the necessary arrangements **before** the examination.

Please call us IMMEDIATELY if you have any problem **keeping** the appointment with the specialist **or getting to the specialist's office.**

If you do not speak English, or do not speak English well, we can provide you with an interpreter at no cost to you. Or, you may wish to bring your own adult interpreter with you such as a friend or family member, but with the understanding that our own interpreter may be present at the time of the examination. **If you want us to provide an interpreter, please contact the NYS Department of Health, State Disability Review Unit, at 1-866-330-0591 as soon as possible before your exam date.**

YOU ARE EXPECTED TO KEEP THIS APPOINTMENT. IF YOU FAIL TO KEEP THIS APPOINTMENT, AND YOU DO NOT ADVISE US OF THE REASON YOU ARE UNABLE TO APPEAR FOR THE EXAMINATION, THE DECISION MAY BE MADE BASED ON THE INFORMATION IN YOUR CASE; AND IT MAY BE FOUND THAT YOU ARE NOT (OR NO LONGER) DISABLED OR BLIND.