HEALTH AGENCIES
REQUEST FOR DMA FORMS

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

From:
HEALTH AGENCY:__________________

MAIL MANAGEMENT SECTION
____________________________________
2501 MAIL SERVICE CENTER
ADDRESS:__________________________
RALEIGH, NC 27699-2501
____________________________________

COURIER #:_________________________
ATTN:______________________________
DATE:______________________________

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

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

FORM # ↓  X = OUT

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