



**New York  
Independent  
Assessor Program**

New York State's Assessment Program in collaboration with New York Medicaid Choice



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Ph: 1-855-222-8350 TTY: 1-888-329-1541  
<https://nyindependentassessor.com>

**FAX**

NYIAP  
\_\_\_\_\_  
To

917-228-8601  
\_\_\_\_\_  
Fax

\_\_\_\_\_  
From

\_\_\_\_\_  
Date

Form DOH-5821  
\_\_\_\_\_  
Re

\_\_\_\_\_  
Pages

\_\_\_\_\_  
Consumer's First Name

\_\_\_\_\_  
Consumer's Last Name

\_\_\_\_\_  
Consumer's Date of Birth

\_\_\_\_\_  
Consumer's Medicaid CIN or Social Security Number

**FAX this cover sheet along with DOH-5821 to 917-228-8601.**

Ensure that all documents are **complete and clearly legible.**

Thank you,

**New York Independent Assessor Program**

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