



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

Form fields for recipient (To), sender (From), subject (Re), and consumer information (First Name, Last Name, Date of Birth, 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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