



Monday, March 4, 2024

TRANSFORMING REIMBURSEMENT FOR EMERGENCY AMBULANCE TRANSPORTATION (TREAT)
ASSESSMENT INVOICE

This invoice reports your transportation service's total SFY-2024 Medicaid assessment and serves as an invoice for the payment due on March 14, 2024. The assessment is in accordance with Mississippi Code of 1972, as annotated, Section 43-13-117.

Provider Name: Vicksburg Fire Dept Amb. Service
Provider Number: 000050052

Fee-for-Service Fee: Quarter 3: (Jan.-March 2024)

Assessment Due: March 14, 2024 \$ 7,294

Quarterly Fee-for-Service Assessment:

Managed Care Fee: Quarter 3: (Jan.-March 2024)

Assessment Due: March 14, 2024 \$10,817

Quarterly Managed Care Assessment*:

Annual TREAT Medicaid Assessment:

Payment Currently Due: \$18,110
Due Date: March 14, 2024

*The Managed Care Assessment is subject to change based on the FMAP.

Payments can be made via check or electronic funds transfer. If remitting payment via check, please complete the authorized personnel information below and return the completed invoice with your payment to:

**MS Division of Medicaid
P.O. Box 3469
Jackson, MS 39207**

If remitting payment via electronic funds transfer, please contact Curtis Collins at 601-359-6130 for instructions. Complete the transfer and authorized personnel sections below and email completed invoice to Curtis.Collins@medicaid.ms.gov or fax to 601-359-4193. DOM will not provide EFT information by email. DOM will also not request a change to any previous EFT instructions by email.

If you have any questions about the assessment calculations, contact Michael Daschbach at 601-359-6196 or Michael.Daschbach@medicaid.ms.gov.

Date of Transfer: _____ Amount: _____

Transferred from:

Routing Number: _____ Account Number: _____

Authorized Personnel: _____ (printed name)

Authorized Personnel: _____ (signature)

Telephone Number: _____ Date: _____