

# Provider Bulletin Subscription Request Form

The Mississippi Division of Medicaid (DOM) wants to ensure all enrolled providers, in addition to medical and health-care associations are receiving the most recent policy changes and agency updates. One of the ways DOM communicates this information is through the Provider Bulletin.

The Provider Bulletin is a publication aimed at informing providers and other health-care professionals of Medicaid news, policy changes, resources for claims processing and reimbursements, a directory of the provider field representatives, as well as a way to connect with our executive director and other valuable Medicaid information. The Provider Bulletin is a quarterly publication, and special editions are published as necessary.

Effective January 2018, Provider Bulletins will only be distributed to those who have subscribed to receive this FREE publication. You can subscribe to receive a printed and mailed hard copy, e-newsletter or both.

To subscribe to receive DOM's FREE quarterly Provider Bulletin publication, complete this form (all fields are required) and mail or fax to the following address.

**Mail the Provider Bulletin Subscription Request form to:**

Mississippi Division of Medicaid  
Attn. Office of Provider Beneficiary Relations  
550 High Street, Suite 1000  
Jackson MS, 39201

**Fax:** 601-359-4185

Provider Bulletin Subscription Request Form

Provider / Association:	
Medicaid Provider Number (if enrolled):	
Contact Person:	
Phone Number:	
Email Address:	
Mailing Address:	
City / State / Zip Code:	

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