



Dear Dr. _____:

This letter is in regards to _____ [DOB _____]. _____ attended childbirth education classes with Chama Woydak at Family to Family. In order to bill Medicaid for these services, we need to have a record of your Carolina Access number. Please have your office fax the requested information to 828.251.2725.

Check the following:

- This patient is a patient of our practice.
- This patient is a Carolina Access Medicaid Recipient.
- Our Carolina Access number is _____.
- Family to Family may bill Medicaid for childbirth education classes.

- This patient is not a patient of our practice.
- We are not Carolina Access Providers.
- We decline to provide our Carolina Access number for these services.
- Other _____

Thank you for your time.

Warmly,

Kimberly Streeter
Office Coordinator