

Ohio Department of Job and Family Services Paper Claim Submission Address List

TYPE OF FORM	ADDRESS
Professional paper claim form CMS-1500	Ohio Department of Job and Family Services P.O. Box 7965 Akron, Ohio 44306
CMS-1500 H.A.S. Claims (Hysterectomy, Abortion, Sterilization)	Ohio Department of Job and Family Services P.O. Box 182411 Columbus, Ohio 43218-2411
By-Report Claims	Clinical Review P.O. Box 182944 Columbus, Ohio 43218-2944
A.D.A. Form	Ohio Department of Job and Family Services P.O. Box 182243 Columbus, Ohio 43218-2243
Prior Authorization JFS 3142	Prior Authorization Unit P.O. Box 1002 Columbus, Ohio 43266-0002
Medical Claim Review Request JFS 6653	Ohio Department of Job and Family Services Provider Network Management Section P.O. Box 1461 Columbus, Ohio 43216-1461
Adjustment Request JFS 6767	Ohio Department of Job and Family Services Claims Adjustment Unit P.O. Box 309 Columbus, Ohio 43216-0309
Adjustment Request JFS 6767 When sending a refund check	Ohio Department of Job and Family Services P.O. Box 714845 Columbus, Ohio 43217-4845
Claim Credit Reversal JFS 6768	Ohio Department of Job and Family Services P.O. Box 182824 Columbus, Ohio 43218-2824
Medicaid Crossover Claims Billed on JFS 6780	Ohio Department of Job and Family Services P.O. Box 2338 Columbus, Ohio 43216-2338