

**ALJ
MEDICARE CASE FOLDER
(CMS)**

This file must be routed to the following address upon completion of OHA action:

**Supervisor, ALJ Department
Empire Medicare Services
2651 Strang Boulevard
Yorktown Heights, New York 10598**

If the original case file is separated for adjudication, please include a copy of this form in each case file.

If you have any questions about this case file, please contact the originating contractor.

Contractor Name & Contractor Number

Address

Phone & Contact Name

This information **MUST** be completed by the originating contractor.