

ISO Claims Solutions

DATA REPORTING AUTHORIZATION

For the Medicaid Assistance Intercept System MAIS Reporting Service

MAIS Contact Information:

Contact Name: _____ Title: _____
Company/Group: _____
Address: _____
City/State/Zip: _____
Email: _____ Telephone: _____

- The organization named above agrees to opt into all participating states that become available through the MAIS program and the Medicaid Reporting Service. The organization will be automatically included in reporting to any state that will participate in the Medicaid Reporting Service.
- The organization named above will participate in the ISO ClaimSearch Medicaid Reporting Service. ISO is authorized to perform searches on casualty claims reported to ISO ClaimSearch against the Medicaid Assistance Intercept System (MAIS) database **ONLY** in the state identified below:
 - Rhode Island
 - Texas
- The organization named above does not wish to participate in the Medicaid Reporting Service.

This Authorization is not intended to limit or prohibit ClaimSearch from reporting information unrelated to the Medicaid Reporting Service in states where it is required by law.

Print Name: _____ Date: _____

Signature: _____

Return to:

ISO ClaimSearch
545 Washington Blvd, 22.FI
Jersey City, NJ 07310
Phone: 800-888-4476

