

**FRAUDULENT USE OF THIS CARD IS A PUNISHABLE OFFENSE**

Maryam Barenboym

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SIGNATURE**

**AUTHORIZED SIGNATURE**

**MEDICAID PROVIDERS**

Reimbursement to providers of medical services authorized by New York State electronic verification systems is dependent on verification by MEVS

**MEDICAID RECIPIENTS**

For answers to Medicaid eligibility questions contact your local Department of Social Services. For other Medicaid questions call **1-800-541-2831**

**EBT CLIENTS**

For balance information or customer service representative call **1-888-328-6399**  
**DO NOT WRITE YOUR PIN  
ON THIS CARD**

If this card is found please drop in any mailbox.  
**RETURN POSTAGE IS GUARANTEED.**  
**RETURN TO:**  
**P.O. BOX 859, ALBANY, N.Y. 12201-0859**

