



MEDICAID THIRD PARTY LIABILITY QUESTIONNAIRE

Date _____ Insurance Spenddown

Name _____

Address _____

City, State, Zip Code _____

Medicaid Member Name _____ Medicaid RID _____

Social Security Number _____ Date of Birth _____

We are requesting your help in updating our files to reflect the correct insurance information on the above-mentioned member.

The Indiana Division of Family and Children, Family and Social Services Administration, is required by federal statute at 41 USC 1396a(a)(25) and federal regulations at 42CFR, 433.138, to identify all group or private insurance for applicants and members of Medical Assistance (Medicaid). Under this federal law and regulation, payment of medical expenses must be pursued against all other resources before Medicaid will authorize payment.

Indiana State law IC 12-25-29-1 requires that you provide our agency with any information you may have that will assist in the identification of medical payment resources. We need any and all group or private insurance information for the above mentioned Medicaid member, even, if the insurance is terminated.

Please complete all fields on the form below and return to the following address, or by facsimile or e-mail:

Indiana Health Care Programs/HP Enterprise Services	Facsimile: (317) 488 5217
Third Party Liability Department	E-mail: INXIXTPLRequests@hp.com
P.O. Box 7262	Questions, please call
Indianapolis, IN 46207-7262	1-800-457-4510 or (317) 488-5046

Insurance Carrier Name _____ Benefit Telephone Number () _____

Insurance Carrier's Complete Address _____

Policyholder's Name/Relationship _____ Social Security Number _____

Group Number _____ Policy Number _____

Effective Date _____ Termination Date _____

Employer Name _____ Employer Phone Number () _____

Employer's Complete Address _____

Type of Plan Individual Family Plan **If family plan, list below the covered person(s) complete name and date of birth**

Please **check** the coverage carried by the policyholder and family members under this plan:

- Medical
 Major Medical
 Hospitalization
 Pharmacy
 Mental Health
 Skilled Nursing
 Home Health
 Intermediate Care
 Cancer
 Dental
 Indemnity
 Medicare Supplemental A
 Medicare Supplemental B
 Other
 List Exclusions (if applicable) _____