

**THIRD PARTY LIABILITY  
HEALTH INSURANCE INFORMATION**

DHS Grantee Name			Date		
DHS Case Number	Co	Dist	Sec	Unit	Spec
Specialist Name		Specialist Phone Number ( )			

**INSTRUCTIONS:**

- Please PRINT or TYPE
- Retain a COPY in DHS Case File

Mail ORIGINAL to:

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
THIRD PARTY LIABILITY DIVISION  
BUREAU OF FINANCIAL MANAGEMENT  
PO BOX 30479  
LANSING MI 48909**

**FAX:** (517) 346-9817

**E-MAIL:** TPL\_Health@Michigan.Gov

This form and other information are also available through the internet at the TPL home page:  
[www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Third Party Liability

**SECTION 1 - Policyholder #1 Information**

Policyholder Name (Last, First, Middle)	Date of Birth	Employer Name			
Social Security Number		Employer City and State			
Insurance Company Name		Group / Policy Number	Certificate / Contract Number		
Service / Coverage Code (BC/BS)		Carrier ID Number		Coverage Type	

**Recipient Information:** Include the policyholder (if applicable) and any other adults and all children covered under **Policyholder #1**.

Recipient Name (Last, First, Middle)	Recipient ID No.	Recipient Name (Last, First, Middle)	Recipient ID No.
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**SECTION 2 - Policyholder #2 Information**

Policyholder Name (Last, First, Middle)	Date of Birth	Employer Name			
Social Security Number		Employer City and State			
Insurance Company Name		Group / Policy Number	Certificate / Contract Number		
Service / Coverage Code (BC/BS)		Carrier ID Number		Coverage Type	

**Recipient Information:** Include the policyholder (if applicable) and any other adults and all children covered under **Policyholder #2**.

Recipient Name (Last, First, Middle)	Recipient ID No.	Recipient Name (Last, First, Middle)	Recipient ID No.
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**SECTION 3 - Insurance Cards**

- Attach copies (back & front) of any insurance cards for anyone covered under either **Policyholder #1 or #2**.
- Also attach copies (back & front) of insurance cards for any additional coverages (i.e., **vision or dental**) available to those policyholders.