Michigan Department of Health and Human Services

THIRD PARTY LIABILITY CASUALTY INSURANCE INFORMATION

1. MDDHS Case Name					2. Date
3. MDDHS Case Number	4. Co.	Dist.	Sec.	Unit	Spec.
5. Specialist Name	6. Specialist Phone No. ( )				

INSTRUCTIONS:

- Please PRINT or TYPE
- Retain a COPY in MDHHS Case File
  Mail ORIGINAL to:

  MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
  THIRD PARTY LIABILITY DIVISION
  BUREAU OF MEDICAID OPERATIONS AND ACTUARIAL SERVICES
  PO BOX 30435
  LANSING MI 48909

  FAX: (517) 346-9876
- This form and other information are also available through the internet at:
  http://www.michigan.gov/mdhhs/0,5885,7-339--147754--Cl,00.html
  (Access this link by visiting www.michigan.gov/mdhhs , click on Providers, Information For Medicaid Policy, Third Party Liability)

Section 1 - RECIPIENT INFORMATION:

7. RECIPIENT NAME (Last, First, Middle) *Use Additional Sheets if Necessary*	8. DATE OF BIRTH	9. RECIPIENT I.D. NUMBER	10. INJURY RELATED TO: *(Check ONE)*		
			WORK	MOTOR VEHICLE	OTHER
			☐	☐	☐
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Section 2 - WORK RELATED ILLNESS OR INJURY:

11. Date of Injury	12. Claim Number	16. Name of Employer at Time of Illness or Injury		
13. Insurance Company Name		17. Employer Address (No. & Street)		18. Employer Phone No. ( )
14. Insurance Co. CITY	15. Ins. Co. PHONE No. ( )	19. City	20. St.	21. ZIP Code

Section 3 - MOTOR VEHICLE ACCIDENT:

22. Date of Accident	23. Policy or Claim No.	27. DETERMINE and then CHECK the highest priority of Vehicle Insurance as Numbered Below.
24. Vehicle Insurance Company Name		☐ **1 - RECIPIENT** ☐ **3 - OWNER of Vehicle** ☐ **2 - Relative in Household** ☐ **4 - DRIVER of Vehicle**
25. Insurance Co. CITY	26. Insurance Co. PHONE No. ( )	28. Name of Insured Person

Section 4 - OTHER ACCIDENT OR INJURY:

29. Date of Accident	30. Policy or Claim No.	34. Name of Insurance Company Covering Person or Premises		
31. Person who Caused Accident or Who Owns the Premises		35. Insurance Co. Address (No. & Street)		
32. Person / Owner CITY	33. Person / Owner PHONE No. ( )	19. City	20. St.	21. ZIP Code
39. Briefly Describe What Happened:				

The Above Information is Correct and Complete to the Best of my Knowledge:

40. Signature	41. Phone No.	42. Worker's Signature	Date