


**Department of
Social Services**

 Human Resources Administration
 Department of Homeless Services

 Office of
 Program Accountability

**INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION
 DIVISION OF LIENS AND RECOVERY**

375 Pearl Street

New York, NY 10038

Phone: (212) 274-5892 Fax: (917) 639-0721

Email: liensrecovery@dss.nyc.gov

**MEDICAID INFORMATION Fax Form
 Fax #: (917)-639-0721**
For Insurance Company Use Only
MEDICAID INSURED PARTY INFORMATION

 MEDICAID INSURED PARTY NAME: _____
 (Individual making a claim against your insured)

MEDICAID INSURED PARTY SSN: _____ DOB: _____ CASE/CIN #: _____

INSURANCE COMPANY INFORMATION

NAME OF YOUR INSURED: _____

INSURANCE COMPANY NAME: _____

INSURANCE COMPANY ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

NATURE OF INJURY: _____ DATE OF INCIDENT: _____

SETTLEMENT AMOUNT: \$ _____ DATE FUNDS DISTRIBUTED: _____ POLICY LIMIT: _____

CAPTION # (If Applicable): _____ INDEX #: _____

NO FAULT? YES NO

INSURANCE CO. CONTACT PERSON/ADJUSTER: _____

INSURED ATTORNEY INFORMATION

ATTORNEY NAME REPRESENTING YOUR INSURED: _____

FIRM NAME: _____

FIRM ADDRESS: _____

PHONE: _____ FAX: _____

PLAINTIFF ATTORNEY INFORMATION

ATTORNEY NAME REPRESENTING MEDICAID INSURED PARTY: _____

FIRM NAME: _____

FIRM ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

 Prepared by: _____ Phone: _____ Date: _____
 (Please Print)