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, 21st Floor
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)