

MSSICS Screens for Third Party Liability Inputs

FACSIMILE 1: BTPL - THIRD PARTY LIABILITY

MSSICS THIRD PARTY LIABILITY PAGE 1 OF BTPL

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSS TRANSFER TO: XXXX

[2-O]

SERVICES COVERED (Y)

HOSPITAL: X DENTAL: X
PHYSICIAN: X EMERGENCY: X
OUTPATIENT: X PRESCRIPTION: X
LABORATORY SERVICES: X OTHER: X

[3-O]

IF OTHER, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[4-O]

NAME OF POLICY HOLDER: P 1=CLAIMANT 2=OTHER

[5-O]

IF OTHER, NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[6-O]

RELATIONSHIP TO CLAIMANT: 9 1=SPOUSE 2=PARENT 3=OTHER

[7-O]

IF OTHER, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[8-O]

POLICY HOLDER SSN: 999-99-9999

[9-O]

POLICY HOLDER BIRTHDATE (MMDDCCYY): 99999999

[10-O]

COMPANY: PXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[11-O]

ADDR: PXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[12-M] [13-C] [14-C] [15-C]

CITY: XXXXXXXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 CONSULAR CODE: 999

[16-C]

[17-C]

FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE: XXXXXXXXXXXXXXXXXXXX

[18-O]

POLICY NUMBER: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

[19-O]

POLICY EFFECTIVE DATE (MMDDYY): 999999

[20-O]

POLICY ENDING DATE (MMDDYY): 999999

[21-O]

GROUP NO. OR NAME OF EMPLOYER: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[22-O]

[23-O]

ANOTHER POLICY (Y): X REMARKS (Y): X

MSSICS Screens for Third Party Liability Inputs

FACSIMILE 2: BTPL - THIRD PARTY LIABILITY

MSSICS THIRD PARTY LIABILITY PAGE 2 OF BTPL

[1-O]

SSS-SS-SSSS SSSSS SSSSSSSSSSS TRANSFER TO: XXXX

[24-O]

CLAIM/LEGAL ACTION PENDING/PLANNED DUE TO ILLNESS/INJURY (Y/N): X

[25-O]

IF YES, NATURE OF CLAIM: 9 1=WORKER'S COMPENSATION
2=AUTOMOBILE ACCIDENT
3=OTHER (EXPLAIN)

[26-O]

IF OTHER, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[27-O]

INJURY/ILLNESS BEGIN DATE (MMDDYY): 999999
CLAIM PENDING AGAINST:

[28-O]

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[29-O]

ADDR: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[30-M]

[31-C]

[32-C]

[33-C]

CITY: XXXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 CONSULAR CODE: 999

[34-C]

[35-C]

FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE: XXXXXXXXXXXXXXXX

ATTORNEY INFORMATION:

[36-O]

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[37-O]

ADDR: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

[38-M]

[39-C]

[40-C]

[41-C]

CITY: XXXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 CONSULAR CODE: 999

[42-C]

[43-C]

FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE: XXXXXXXXXXXXXXXX

[23-O]

REMARKS (Y): X