

MSSICS Screens for Third Party Liability Inputs

FACSIMILE 1: BTPL - THIRD PARTY LIABILITY

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MSSICS          THIRD PARTY LIABILITY          PAGE 1 OF BTPL
XXXX-XX-XXXX   NANCY SHOSTAK                 TRANSFER TO: _____
SERVICES COVERED (Y)
  HOSPITAL:    -
  PHYSICIAN:   -
  OUTPATIENT:  -
  LABORATORY SERVICES: -
  IF OTHER, EXPLAIN: _____
NAME OF POLICY HOLDER: 1 1=CLAIMANT 2=OTHER
IF OTHER, NAME: _____
RELATIONSHIP TO CLAIMANT: _ 1=SPOUSE 2=PARENT 3=OTHER
IF OTHER, EXPLAIN: _____
POLICY HOLDER SSN: _____ POLICY HOLDER BIRTHDATE (MMDDCCYY): _____
COMPANY: _____
ADDR: _____
CITY: _____ STATE: _____ ZIP: _____ CONSULAR CODE: _____
FOREIGN COUNTRY: _____ POSTAL ZONE: _____
POLICY NUMBER: _____
POLICY EFFECTIVE DATE (MMDDYY): _____ POLICY ENDING DATE (MMDDYY): _____
GROUP NO. OR NAME OF EMPLOYER : _____

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MSSICS          THIRD PARTY LIABILITY          PAGE 1 OF BTPL
[1-0]
SSS-SS-SSSS   SSSSS SSSSSSSSSSS             TRANSFER TO: XXXX
[2-0]
SERVICES COVERED (Y)
  HOSPITAL: X          DENTAL: X
  PHYSICIAN: X         EMERGENCY: X
  OUTPATIENT: X        PRESCRIPTION: X
  LABORATORY SERVICES: X          OTHER: X
[3-0]
IF OTHER, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
[4-0]
NAME OF POLICY HOLDER: P 1=CLAIMANT 2=OTHER
[5-0]
IF OTHER, NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXX
[6-0]
RELATIONSHIP TO CLAIMANT: 9 1=SPOUSE 2=PARENT 3=OTHER
[7-0]
IF OTHER, EXPLAIN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
[8-0]
POLICY HOLDER SSN: 999-99-9999
[9-0]
POLICY HOLDER BIRTHDATE (MMDDCCYY): 99999999
[10-0]
COMPANY: PXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
[11-0]
ADDR: PXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
      PXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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NAME: XXX

[29-O]

ADDR: XXX  
XX

XX XXX

[30-M] [31-C] [32-C] [33-C]

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

[34-C] [35-C]

FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE: XXXXXXXXXXXXXXXXXXXX

ATTORNEY INFORMATION:

[36-O]

NAME: XXX

[37-O]

ADDR: XXX  
XX

XX XXX

[38-M] [39-C] [40-C] [41-C]

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

[42-C] [43-C]

FOREIGN COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXXXXXX POSTAL ZONE: XXXXXXXXXXXXXXXXXXXX

[23-O]

REMARKS (Y): X