

Health Expenses and Third Party Liability

* Indicates required information

* Any unpaid medical expenses from 10/2017 through 12/2017

Yes No

* Agree to assign rights to payments for medical support and medical care to the state Medicaid agency

Yes No Automatic Assignment Unknown

* Agree to provide information regarding third party responsible for health expenses

Yes No Unknown

* Insurance or third-party responsible other than Medicare or Medicaid

Yes No Unknown

Third Party Liability

Status	Policy Holder Name	SSN	Relationship	Policy Number	Company	Actions
●	Claimant	3106	Self	123	Blue Cross Blue Shield	Select Delete

[Add Policy](#)

Claim or legal action pending or planned due to illness or injury

Yes No

Status	Nature of Claim	Injury or Illness Begin Date	Attorney Name	Actions
●	Automobile accident	03/01/2018	Stephen L Miles	Select

[Add Claim](#)

▼ Show person remarks

No remarks

▼ Show file documentation notes

No notes

Policy Holder Information

* Indicates required information

*** Policy holder**

Claimant Other

Policy number

123

Policy effective date

01/01/2018

mm/dd/yyyy

Policy ending date

12/31/2018

mm/dd/yyyy

Group number or name of employer

ssa

Services covered

<input checked="" type="checkbox"/> Select all
<input checked="" type="checkbox"/> Dental
<input checked="" type="checkbox"/> Hospital
<input checked="" type="checkbox"/> Laboratory Services
<input checked="" type="checkbox"/> Outpatient
<input checked="" type="checkbox"/> Physician
<input checked="" type="checkbox"/> Prescription
<input checked="" type="checkbox"/> Emergency
<input checked="" type="checkbox"/> Other

*** Explain**

Accupuncture

Unknown

Insurance company name

Blue Cross Blue Shield

Insurance company name

Blue Cross Blue Shield

Insurance company address

Country

United States or U.S. Territory

* Street 1

3 Red Run Blvd

Street 2

Street 3

Street 4

City/Town

Owings Mills

State/Territory

Maryland

ZIP Code

21117

Unknown

