

MEDICAL SUBROGATION REFERRAL - INJURY

From: _____ Region: _____ Title: _____
 To: Office of the Fiscal Agent Date: _____
 TPL Department
 P.O. Box 3571 Phone: _____
 Topeka, KS. 66601-3571
 Fax: 785-274-5918

- 1. Recipient's Name: _____
- 2. Recipient's ID No: _____
- 3. Date of Injury Incident: _____
- 4. Type of Injuries: _____
- 5. Recipient's Attorney Name: _____
 Address: _____
 Phone Number: _____
- 6. Person causing injury: _____
- 7. Insurance Company of Recipient: Name: _____
 Group Name/Number: _____
 Address: _____
 Policy Number, If Known: _____
- 8. Insurance Company of other party(ies): Name: _____
 Group Name/Number: _____
 Address: _____
 Policy Number, If Known: _____
- 9. Other relevant information: _____

(Please continue on back)

INSTRUCTIONS: Please complete this form in all cases when a member of a household with a new application or when an existing case member has an injury incident (accidental or otherwise). The purpose of this referral is to alert staff of situations where there may be any possibility of recovery of medical expenses from a third party. There may be insurance or liability even when the consumer does not know about it. Some examples are: (1) consumers in auto accidents; (2) victims of shootings; stabbings; assault or battery; (3) consumers injured in a store or at another person's home (accidents such as "slip and fall"); (4) dog bite victims; (5) victims of medical malpractice; (6) consumers injured on the job; or (7) consumers injured by equipment or products.