

DOM-TPL 406
Rev.01/01/92

DIVISION OF MEDICAID
MEDICAL INSURANCE FORM

Initial____
Updated____

Regional Office _____ Recipient _____

Specialist _____ Med ID # _____

1. MEDICARE INFORMATION

Claim # _____

2.A. HEALTH INSURANCE (OTHER THAN MEDICARE AND MEDICAID)

Relation of Policy Owner to Insured	Insurance Company Name and Address	Policy #	Begin Date	End Date

Policy is limited to: Cancer Indemnity Intensive Care Dread
 Medicare Supplement Accident Other (Explain _____)

FOR MEDICAID STATE OFFICE USE ONLY	
Benefits: <input type="checkbox"/> Inp-Med <input type="checkbox"/> Inp-Surg <input type="checkbox"/> Inp-Psych <input type="checkbox"/> Inp-Hosp <input type="checkbox"/> Outpat-Ill	
<input type="checkbox"/> Outpat-Surg <input type="checkbox"/> Outpat-Psych <input type="checkbox"/> Outpat-Acc <input type="checkbox"/> Phys-Med <input type="checkbox"/> Phys-Off	
<input type="checkbox"/> Phys-Psych <input type="checkbox"/> Phys-Acc <input type="checkbox"/> Pharm <input type="checkbox"/> Dental <input type="checkbox"/> Oral Surg <input type="checkbox"/> Psych-Res	
<input type="checkbox"/> Transp <input type="checkbox"/> Eyeglass <input type="checkbox"/> Mental Hlth <input type="checkbox"/> Lab/Xray <input type="checkbox"/> Anesth	
<input type="checkbox"/> Acc <input type="checkbox"/> Cancer <input type="checkbox"/> Hom Hlth <input type="checkbox"/> NF-SNF <input type="checkbox"/> NF-ICF <input type="checkbox"/> Medicare Supp	

Policy Owner Name/Address	PolicyOwner Employer/Group Name&Address
SSN _____	Ph # _____
Absent Parent Yes ___ No ___	Group # _____ Mo'ly Prem \$ _____

2.B. ABSENT PARENT INFORMATION

Name _____	Employer Name _____
Address _____	Address _____
SSN _____	IV-D Status _____

3. REMARKS _____

Attach separate sheet if needed giving requested information for each additional item; i.e., multiple absent parents, health insurance policies, etc.

Signature of Recipient or Representative _____ Ph # _____ Date _____

MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-TPL-406 - THIRD PARTY LIABILITY INFORMATION

PURPOSE & USE

The purpose of this form is to collect third party liability (TPL) information which is used to ensure that Medicaid is the payer of last resort. The information obtained on the DOM-TPL-406 is used to update the Resource Information Module (RIM) in the MMIS. If the MMIS Recipient Subsystem indicates that there is other health insurance, claims either pay or reject based on the information contained in the RIM. In order to ensure that the claims pay correctly and not reject to the provider unnecessarily, the medical insurance information must be accurate.

This form must be completed at the time of application. The 406 is not required to go out for Redeterminations. The worker will document the telephone contact on the 300A. If the client obtained/dropped health insurance since the last contact, pull up the previous 406 and complete and then send to TPL.

INSTRUCTIONS

The worker will include this form with each DOM-300.

The worker will complete the top portion of the form identifying the Regional Office, the Specialist handling the case, the Medicaid recipient's name, his/her unique identifying number. In the space provided, the worker will indicate whether the form represents initial information or an update to previously reported medical insurance information. The Medicaid recipient or his/her representative is to complete the medical insurance information, sign/date the form, and list his/her telephone number. Since the assignment of rights to any third party source and cooperation is a factor of eligibility, all requested information must be completed in detail, if applicable.

If the application or redetermination results in approval and the DOM-TPL-406 indicates a third party source other than Medicare, mail the original to the DOM TPL Unit. File the copy in the case record. If the form indicates no third party source, file both original and copy in the case record.

MEDICAID ELIGIBILITY

FORMS AND INSTRUCTIONS

This form is not considered complete if all applicable medical insurance information is not indicated. The DOM TPL Unit will return any incomplete form to the client or designated representative for completion.