

DOM-TPL 412  
Issued 02-01-96

DIVISION OF MEDICAID  
NON-REFERRAL ESTATE RECOVERY FORM

TO: Third Party Liability (TPL) Unit

FROM: \_\_\_\_\_, Medicaid Specialist

\_\_\_\_\_ Regional Office

RECIPIENT'S NAME \_\_\_\_\_

MEDICAID ID NUMBER \_\_\_\_\_

TOTAL ASSETS (including burial contract) \$ \_\_\_\_\_

DECEASED SPOUSE'S NAME \_\_\_\_\_

COUNTY OF RESIDENCE PRIOR TO NF \_\_\_\_\_

The above named client is now deceased. There is no ownership of real property. There is ownership of personal property; however, the value is less than \$5,000. The client was 55 or older when he/she received Medicaid in a nursing facility and there is no legal surviving spouse or dependent child(ren) under age 21 or dependent blind or disabled child(ren) known to Regional Office.

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MEDICAID ELIGIBILITY  
FORMS AND INSTRUCTIONS

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DOM-TPL-412 - NON-REFERRAL ESTATE RECOVERY FORM

**PURPOSE & USE**

This form is used to notify the TPL Unit of the death of a Medicaid eligible who was 55 years of age or older when nursing facility services were received, but is not affected by the estate recovery provision. A form is required when there is no ownership of real property, personal property is valued at less than \$5,000, there is no surviving legal spouse, no dependent child(ren) under age 21, and no dependent blind or disabled child(ren).

**INSTRUCTIONS**

Complete an original and one copy. Mail the original to the TPL Unit. Retain the copy in the case record. Do not mail the case record.