LDSS-4198 (8/06)

Policy Sequence #

☐ APPLICATION ☐ ENROLLMENT
☐ RECERTIFICATION ☐ TERMINATION

THIRD PARTY DATA SHEET

SECTION I: CLIENT IDENTIFICATION INFORMATION

CASE NAME (Last)	First	MI	CASE NUMBER

*CIN	RECIPIENT'S LAST NAME	F I	*REL

RELATIONSHIP TO POLICYHOLDER

REL CODE	DESCRIPTION
1	SELF
2	SPOUSE
3	CHILD
4	OTHER
5	CUSTODIAL CHILD
6	STEPCHILD
7	IV-D CHILD
8	IV-D SPOUSE

SECTION II: ESSENTIAL INSURANCE INFORMATION

INSURANCE COMPANY NAME

GOOD CAUSE

BEGIN	END
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y

CLAIMING ADDRESS OF INSURANCE COMPANY	CITY	STATE	ZIP CODE

*INS. CD	**POLICY NUMBER	COVERAGE *BEGIN	COVERAGE END
		M M / D D / Y Y Y Y	M M / D D / Y Y Y Y

GROUP NO.	*Medicare HMO IND Y	*Medicare HMO IND N	EMPLOYER ID	BENEFIT PKG

***Coverage (at least one must be checked)**

☐ 01 – COMP MED A	☐ 09 – NURSING HM	☐ 17 – SUB AB INP
☐ 02 – COMP MED B	☐ 10 – DRUG RECOVERY	☐ 18 – SUB AB OUT
☐ 03 – INPATIENT	☐ 11 – DRUG MAJOR MED	☐ 19 – PSCH INPAT
☐ 04 – HOME HLTH	☐ 12 – DRUG COPAY	☐ 20 – PSCH OUT
☐ 05 – EMRG ROOM	☐ 13 – DME	☐ 21 – XRAY
☐ 06 – CLINIC	☐ 14 – TRANSP	☐ 22 – HOSPICE
☐ 07 – PHYS HOSP	☐ 15 – DENTAL	
☐ 08 – PHYS OFFIC	☐ 16 – OPTICAL	

POLICY SOURCE

- ☐ A. COBRA Premiums Only
- ☐ B. AIDS Program
- ☐ C. LDSS Pays Carrier
- ☐ D. LDSS Pays Employer
- ☐ E. LDSS Reimburses Client
- ☐ F. IV-D Court Ordered
- ☐ G. Absent Parent Voluntary
- ☐ H. Employment
- ☐ I. Union
- ☐ J. Fraternal Organization
- ☐ K. Tuition Fee
- ☐ L. Private Pay
- ☐ M. Accident (Not Workers Comp Related)
- ☐ N. Other
- ☐ O. Military Service
- ☐ P. Workers Compensation
- ☐ Q. Retirement Benefit
- ☐ Not Applicable

*POLICY HOLDER'S NAME First	Last	*SEX	**SSN

POLICYHOLDER'S ADDRESS	CITY	STATE	ZIP CODE

COMMENTS:

CASE NO.

CASE NAME

SECTION III: PREPARER INFORMATION

ELIGIBILITY WORKER	DATE	TPR WORKER	DATE

*Required Fields

**Either policy number or SSN is required