STATE OF MARYLAND DIVISION OF MEDICAL ASSISTANCE RECOVERIES P.O. BOX 13045 BALTIMORE, MARYLAND 21203

NOTICE OF POTENTIAL MA PAYMENT RECOVERY

DATE:_____

(USE DHMH 2583 INSURANCE REPORTING FORM TO REPORT HEALTH INSURANCE COVERAGE)

SECTION I HEADING

RECIPIENT LAST NAME	FIRST	MIDDLE	REPRESENTATIVE LAST NAME	FIRST	MIDDLE
APT. NO. – STREET ADDRESS - P.O. BOX			APT. NO. – STREET ADDRESS - P.O. BOX		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

MA NUMBER	SOCIAL SECURITY NUMBER	RELATIONSHIP TO RECIPIENT	TELEPHONE NUMBER

SEC. 2 REASON

☐ THIRD PARTY ACTION (INJURY) ☐ DEATH, DATE: ☐ OTHER_____

☐ OVERSCALE, $ _____ DO YOU BELIEVE THAT THE RECIPIENTS ACTION OR IN ACTION WAS INTENTIONAL? ☐ YES ☐ NO

_____

COMPLETE THE APPLICABLE SECTIONS

SECTION III - ASSETS

PROPERTY OWNED (ATTACH PHOTOCOPY OF DEED, IF DECEASED)

DESCRIPTION	ADDRESS	APPROX. VALUE

BANK ACCOUNTS OWNED

TYPE	OWNER (S)	INSTITUTION AND LOCATION	ACCT. NO.	VALUE
☐ SAVINGS ☐ INDIV. ☐ CHECKINGS ☐ JOINT				
☐ SAVINGS ☐ INDIV. ☐ CHECKINGS ☐ JOINT				

LIFE INSURANCE OWNED

COMPANY	ADDRESS	POLICY NO.	NAMED BENEFICIARY?	VALUE
			YES NO	FACE C.V.
			YES NO	FACE C.V.

STOCKS / BONDS OWNED

TYPE	DESCRIPTION	OWNER (S)	QUAN.	SERIAL NO. (S)	VALUE
☐ STOCK ☐ INDIV. ☐ BOND ☐ JOINT					
☐ STOCK ☐ INDIV. ☐ BOND ☐ JOINT					

CASH AND OTHER ASSETS OWNED

DESCRIPTION	OWNER (S)	VALUE

SEC IV - INCOME

SOURCE + EXPLANATION

DATE REPORTED	DATE OF INCOME	MONTHLY AMOUNT	TOTAL AMNOUNT

SECT. V – ACCIDENT /ASSUALT

☐ AUTO ACCIDENT ☐ PERSONAL ACCIDENT ☐ WORKMEN'S COMP., EMPLOYED BY _____ ☐ ASSUALT ☐ OTHER _____

DATE OF INJURY	LOCATION OF OCCURRENCE (ADDRESS)	HOSPITAL AND PHYSICIAN PROVIDING TREATMENT

COMPLETE THE FOLLOWING SECTIONS, AS APPLICABLE

VEHICLE DRIVER NAME	VEHICLE DRIVER ADDRESS	VEHICLE DRIVER LIC. #
VEHICLE OWNER NAME	VEHICLE OWNER ADDRESS	VEHICLE OWNER LIC. #

INSURANCE COMPANY NAME	ADDRESS	POLICY NO.	CLAIM NO.

LEGAL ACTION? ☐ YES ☐ NO ATTORNEY NAME, ADDRESS, TELEPHONE

SECTION VI COMMENTS

DEPT. OF SOCIAL SERVICES NAME	CASE MANAGER	TELEPHONE NUMBER

DHMH 1169 (REVISED 12/08)

White-Division of Medical Assistance Recoveries Copy Blue-Case Record Copy