

TPL Request Form

This form must be submitted to the Virginia Department of Medical Assistance Services (DMAS) with each communication regarding a Medicaid lien. **For new requests**, please: (1) complete this form (attaching all documents requested herein) and transmit the same to: **TPLCASUALTY@DMAS.VIRGINIA.GOV**; and (2) attach a Medical Release form signed by the Medicaid recipient. Per HIPAA guidelines, DMAS and the Office of the Attorney General may not release information to unauthorized individuals and no requests shall be processed without a release signed by the recipient. **To Update information , or follow up regarding a previously submitted request**, please complete this form (attaching all documents requested herein) and transmit the same to the TPL Analyst or representative from the Office of the Attorney General assigned to your case.

This is a request to:

New
Lien

Updated
Lien

Follow Up/Inquire about
an existing lien

CLIENT / MEDICAID MEMBER INFORMATION:

Client / Medicaid Members Name:

Member ID:

Social Security Number:

Member Date of Birth:

Date Of Injury:

Investigation ID Number:

NEW LIEN REQUEST:

INJURY/INCIDENT TYPE:

Crime/Assault

Work Related

Dog Bite

Slip and Fall

Auto Accident

Medical Malpractice

Other

Please
Describe
the injury/
incident:

Please select the body part(s) injured (check all that apply):

Face/Head

Neck/Throat

Shoulder

Back

Chest/Thorax

UpperArm

Elbow

LowerArm

Foot

Hip

Upper Leg

Lower Leg

Knee

Other:

Is the Member still being treated?

Yes

No

If No, when did treatment end?

Court or Scheduled Mediation Dates:

INSURANCE INFORMATION:

Insurance Company Name:

Insurance Company

Address:

Insured's Name:

Insured Address:

Insurance Contact/Adjuster:

Contact Phone Number:

Fax Number:

Contact Email:

Claim #:

Policy #:

UPDATED LIEN REQUEST:

FOLLOW UP OR INQUIRY ON AN EXISTING LIEN:

ATTORNEY INFORMATION:

Name:

Phone Number:

FAX Number:

Company Name:

Email:

Mailing Address:

Documentation Checklist:

Statement of Representation

Copy of Front & Back of Medicaid Card

Itemized list of medical expenses (including dates of service and medical provider)

Medical Release Authorization Form

Submission Information: *Completed forms for new requests must be sent by secure email to TPLCASUALTY@DMAS.VIRGINIA.GOV. Update and follow-up requests should be sent directly to the assigned analyst or representative from the Office of the Attorney General.*

Attorneys Note: *HIPAA mandates the DMAS must also receive a copy of your client's signed Medical Release Authorization form. Forms submitted without this form cannot be processed.*

You can get this form in another language, in large print, or in another way that's best for you. Call us at 804-786-7933 (TTY: 1-800-343-0634).