## GEORGIA DEPARTMENT OF COMMUNITY HEALTH – THIRD PARTY LIABILITY HEALTH INSURANCE INFORMATION QUESTIONNAIRE

CASE NAME:			0	CASE NO:					
ADDRESS:		S	SN:						
			P	HONE NO:					
TYPE OF CASE: (Check all that apply)	☐ INITIAL APPLICATI		□ SPECIAL NEEI EFFECTIVE DAT				] CANC		ΓΙΟΝ
is authorized by law (4)	ed on this form is collected by th 2 U.S.C. 1396(a) (25): 42 CFR 4 aid benefits are not denied based	133.135-139	). It will be used to dete	ermine the liability of t	hird parties to pa	n. The colle ay for care a	ection of the	is inform s and co	nation llection
Do you have a priva medical care? (Do r	□ YES □ NO								
that pays any of the	parent or stepparent have any privacost of your medical care?	ate, group o	or government health in	surance LI YES	LI NO				
Names of Covered Individuals in Household			Medicaid ID#	SSN	Relationship to Policy Ho (check one)  Policy   Spouse   Child   Step-			Holder Other	Date
(Last)	(First)	(MI)			Holder		child		Birth
Are any of these p	ersons pregnant?   YE	S □ NC	If yes, Name			Date	of Delive	ery	
	OPY OF INSURANCE AND A COPY OF SNT		d above have a chronic medical condition? ☐ YES ☐ NO If yes, Condition						
	,,				(	)			
(Insurance Company N	ame)				(Telep	hone Numb	er)		
(Address) (Ci			(City)	(State) (Zip)					
Policyholder Name) (Policyholder SSN)				(Policy Number) (Policyholder DOB)					
Policy Effective Date) (Policy Termination Date)				Types of Coverage (circle those which apply)  01 – HOSPITAL INPT. 15 – LTC/NH 07 – DRUG/STND 16 – HMO/DRUG					
Employer Name) (Telephone Number)				08 – MAJOR MED. 17 – MED. SUPP A 09 – DENTAL 18 – MED. SUPP B 10 – VISION 22 – HMO/STND					
(Employer Address)	(City)		(State)	(Zip)	OTHER				
	of information necessary to idented the following of Community Health. I also			to payments	gn to the Depart for benefits of n ependents who re	nedical serv	ices render		
Signed Date Member or Authorized Person				Signed	SignedDate Insured or Authorized Person				
	OF MEDICAID ELIGIBILI	TV		Ilisui	ica or Authorize	u I CISUII			
Cosa Worker Name	of Medicino Editibili		Dhon	- NI		C	_		