



MEDICAL SUBROGATION REFERRAL - INJURY

To: Office of the Fiscal Agent
TPL Department
P.O. Box 3571
Topeka, KS. 66601-3571
Fax: 785-274-5918

From: Name: _____
Location of Office: _____
Title: _____
Date: _____
Phone: _____

1. Recipient's Name: _____
2. Recipient's Bene ID #: _____
3. Date of Injury: _____
4. Type of Injury: _____
5. Recipient's Attorney Name: _____
Address: _____
Phone: _____
6. Person Causing Injury: _____
7. Name of Recipient's Insurance CO: _____
Group Name/Number: _____
Address: _____
8. Insurance Company of other party(ies): _____
Group Name/Number: _____
Address: _____
9. Other relevant Information: _____
(add another document if necessary)

INSTRUCTIONS: Please complete this form in all cases when a member of a household with a new application or when an existing case member has an injury incident (accidental or otherwise).

The purpose of this referral is to alert staff of situations where there may be any possibility of recovery of medical expenses from a third party. There may be insurance or liability even when the consumer does not know about it. Some examples are: (1) consumers in auto accidents; (2) victims of shootings; stabbings; assault or battery; (3) consumers injured in a store or at another person's home (accidents such as "slip and fall"); (4) dog bite victims; (5) victims of medical malpractice; (6) consumers injured on the job; or (7) consumers injured by equipment or products.