



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
MO HEALTHNET INSURANCE RESOURCE REPORT

TPL-4

Submit this form to notify the MO HealthNet agency of insurance information that you have verified for a MO HealthNet participant. Please send the completed form to:

Department of Social Services
 MO HealthNet Division
 Attention: TPL Unit
 P.O. Box 6500
 Jefferson City, MO 65102-6500

DO **NOT** SEND CLAIMS WITH THIS FORM. YOUR CLAIM WILL NOT BE PROCESSED FOR PAYMENT IF ATTACHED TO THIS FORM.

PROVIDER IDENTIFIER	PROVIDER TAXONOMY CODE	DATE (MM/DD/YY)
_____	_____	_____

PROVIDER NAME

CHECK THE APPROPRIATE BOX FOR THE REQUESTED ACTION

<input type="checkbox"/> ADD NEW RESOURCE	OR	<input type="checkbox"/> CHANGE	MO HEALTHNET RESOURCE FILES
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PARTICIPANT NAME	MO HEALTHNET ID NUMBER
_____	_____

INSURANCE COMPANY NAME	

POLICYHOLDER (IF OTHER THAN PARTICIPANT)	POLICYHOLDER'S SOCIAL SECURITY NUMBER
_____	_____

POLICY NUMBER	GROUP NAME OF NUMBER
_____	_____

VERIFIED INFORMATION

SOURCE OF VERIFIED INFORMATION: EMPLOYER INSURANCE COMPANY

TELEPHONE NUMBER OF CONTACT	DATE CONTACTED (MM/DD/YY)
()	

NAME OF PERSON COMPLETING THIS FORM	TELEPHONE NUMBER
_____	()

Do you want confirmation of this add/update?

(If yes, you **must** complete the name and address on back) YES NO

ATTACH A COPY OF AN EXPLANATION OF BENEFITS OR INSURANCE LETTER IF AVAILABLE

TO BE COMPLETED BY THE PROVIDER

IF CONFIRMATION OF THIS ADD/UPDATE IS REQUESTED, PLEASE WRITE THE NAME AND ADDRESS OF THE PERSON THE CONFIRMATION SHOULD BE SENT TO BELOW. THE TPL UNIT WILL COMPLETE THE BOTTOM PORTION OF THIS FORM AND MAIL TO THE ADDRESS SHOWN.

TO BE COMPLETED BY THE STATE

- Verification and correction as requested completed Date: _____
Insurance Begin Date: _____ Insurance End Date: _____
- Please resubmit claims
- Form not complete enough for verification by state - complete highlighted areas and resubmit
- TPL file already reflects the add/update. Our records were updated: _____
- Verification confirms MO HealthNet resource file correct as is - no update performed
- Change requested cannot be made. Reason:

- Verification shows another current coverage that may be applicable:

- Other:
