



INSURANCE RESOURCE REPORT

Submit this form to notify the MO HealthNet Division of insurance information you have verified for a MO HealthNet participant. Send the completed form to TPL.Database@dss.mo.gov and attach a copy of an explanation of benefits or insurance letter, if available.

Allow up to three weeks for the information to be verified and updated to the participant's eligibility file. Providers wanting confirmation of the state's response should indicate so on the form and ensure the name and address information is completed in the spaces provided. Eligibility can be verified through [eMOMED](#) or by calling the Interactive Voice Response system at (573) 751-2896.

Do not send claims with this form. Your claims will not be processed for payment if attached to this form.

Provider Information

Provider Name		Date
Provider NPI	Taxonomy Code	Choose One: <input type="checkbox"/> Add New Resource <input type="checkbox"/> Change Resource Files

Participant Information

Participant Name		MHD Identification Number
Insurance Company Name		
Policyholder Name	Policyholder's Social Security Number (Required)	
Policy Number (Required)	Group Name or Number	
Source of Verified Information <input type="checkbox"/> Employer <input type="checkbox"/> Insurance Company		

Verified Information:

Telephone Number of Contact	Date Contacted
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Name of Person Completing Form	Telephone Number
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