

NC STATE HEALTH PLAN LIEN REQUEST FORM

Today's Date _____

Caller: Attorney Insurance Recipient Other Staff Taking Call: _____

Caller Name: _____

Case Information:

Recipient (Client) Name: _____ Member ID # _____

SSN: _____

Accident Type _____

Policy No: _____

Auto Malpractice Industrial

Accident Date: _____

General Liability Violent Crime Other

Caller has Plan authorization: Yes No

Referral Type: _____

Instructions/Activities

Order CD's and segments

Call, Fax, or Mail Information

Settling (Ready to Negotiate)

Lien Amount _____

Settlement Amount _____

Settle Date _____

Notes and other addresses:

Attorney Information

Attorney/Firm _____

Address: _____

City: _____ State _____

Zip Code: _____ Phone _____

Fax: _____ Other family members on Plan in accident? _____

Insurance Information

Insurance Co: _____

Policy Holder's Name & Claim #: _____

Adjuster: _____ Fax: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone: _____