



**STATE OF OKLAHOMA
OKLAHOMA HEALTH CARE AUTHORITY**

THIRD PARTY LIABILITY INFORMATION SHEET

IF YOU DISCOVER THAT THE TPL INFORMATION ON A SOONERCARE MEMBER NEEDS TO BE UPDATED, PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE AND FAX TO 405-530-3478. THE INFORMATION SHOULD BE UPDATED WITHIN FIVE (5) BUSINESS DAYS. WHEN POSSIBLE, FAX IN A COPY OF THE INSURANCE CARD FOR FASTER PROCESSING.

NAME: _____

SOONERCARE MEMBER ID #: _____

NAME OF INSURANCE COMPANY: _____

ADDRESS OF INSURANCE COMPANY: _____

NAME OF POLICYHOLDER: _____

SOCIAL SECURITY NUMBER OF POLICY HOLDER: _____

HEALTH INSURANCE POLICY NUMBER: _____

GROUP NUMBER: _____

RX BIN: _____

RX PCN: _____

RX Group: _____

EFFECTIVE DATE OF POLICY: _____

RELATIONSHIP OF POLICYHOLDER TO PATIENT: _____

If you have any questions regarding this request, please do not hesitate to call the Third Party Liability Unit's Recovery Section at (405) 522-6205 or toll-free in-state at (800) 522-0114, options 3, 2.