



Directions: Please fill out all information. Decisions will not be rendered on incomplete forms. Decisions are rendered in the order the forms are received and usually within 1-2 weeks from the date the form is received.

MAILING ADDRESS: Oklahoma Health Care Authority, Attention: Legal Department/Lien Reductions,
P.O. Box 18497, Oklahoma City, OK 73154;
Phone: 405-522-7431 **Fax:** 405-530-3444 **Email:** lienreductions@okhca.org

Date _____ Medicaid Recipient _____ Medicaid No. (RID) _____

OHCA TPL Case No. _____ Date of Accident _____ Date of Birth _____

Court Case Filed? _____ If YES, identify court and case number _____

Representative Name _____ **Firm Name** _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

OHCA Lien Amount _____ Amount you request OHCA's lien to be reduced to _____

Does the recipient need to be Medicaid eligible? _____ Is a d(4)(a) trust (special needs trust) being set up? _____

UM/UIM Proceeds _____ Liability Proceeds _____ Other Recovery _____

Will additional recovery be pursued? _____ Were insurance policy limits reached? _____

Contracted Attorney Fee _____ Case Costs _____ Reduced Fee & Cost Amount _____

Identify other medical lien holders, their lien amount and if they contract with Medicaid

Lien Holder	Amount	Does Lien Holder contract with Medicaid? (Y/N)

Additional information: (You may attach a letter of explanation of need for reductions.)

OHCA Notes:

This transmission and any documents or files accompanying it may contain confidential information. This may include patient medical information that is protected under State and Federal laws. The information in this transmission is intended only for the delivery to the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this transmission is strictly prohibited and may be in violation of law. If you have received this transmission in error, please notify the sender immediately, to arrange for the return of the documents or deletion of the transmission.