



TPL-1 or TPL-9008-W Forms and Attachments Cover Sheet

The three fields below are required.

Client/Member Name

SoonerCare/Member ID

**Internal Control Number
(ICN) if applicable**

Purpose:

This cover sheet is required when submitting a TPL-1 or TPL-9008-W form and attachments. No additional cover sheet should be submitted when faxing to 405-530-2478 or mailing. If cover sheet is not received, it could delay the information being updated.

Instructions:

1. In box 1, fill in last name, first name.
2. In box 2, fill in the 9-digit SoonerCare/member ID number submitted on the TPL forms.
3. In box 3, fill in the 13-digit Internal Control Number (ICN) used for filing the TPL documents, if applicable. Use numbers only — no dashes or spaces — in the ICN section. Make sure the ICN is clear and legible, or it could delay or stop the process.

Note: Do not place another cover sheet on top of this form.

Sender's Name: _____ Phone Number: _____

This fax contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this fax. Please notify the sender immediately by phone if you have received this fax by mistake and destroy the fax you received. Fax transmissions cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of fax transmission.



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 ten (10) 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 Policy Holder:

Social Security Number of Policy Holder:

Health Insurance Policy Number:

Group Number:

RX Bin:

RX PCN:

RX Group:

Effective Date of Policy:

Relationship of Policy Holder 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.



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/OHCA
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767