Ohio Department of Medicaid

HEALTH INSURANCE FACT REQUEST

The 06614 is not meant to be used for Managed Care plan or County demographic information. Any information other than Commercial Insurance or Medicare cannot be processed by the TPL & Buy-In units.

Questions regarding Managed Care- contact the plan involved. Questions regarding updating the Date of Birth, Gender or other demographics – contact the County involved.

Please select which health insurance information to update ☐ Private health insurance ☐ Medicare

Provider Information

Provider Number	Provider Name
Contact Person	Phone Number
Email Address	Fax Number

Recipient Information

Patient(s) Name	Medicaid Billing Number		Patient's Phone Number
Name of Insurance			
Address			
City	State	Zip Code	Insurance Carrier Phone Number
Policy Holder Name	Policy Number or Medicare Numer		Policy Group Number
Policy Holder Social Security Number (SSN)		Policy Holder Phone Number	
If payment has been received from health insurance other than Medicaid or Medicare, please note first payment date Date			
Date health insurance terminated per attached documents			
Additional Comments			

Return original to

Ohio Department of Medicaid
Cost Avoidance Unit
Coordination of Benefits Section
P.O. Box 182410
Columbus, Ohio 43218-2410

If you have questions contact the Coordination of Benefits Section at (614) 752-5768. The FAX number is (614) 728-0757.