



## **TPL INFORMATION CARD**

If you are rendering service to a Medicaid recipient and you are made aware of Medicare or Private Insurance information that does not appear on their Medicaid ID card or appears on their card in error, please complete as much of the following information as possible:

1)		2)		3)
Patient's Name		2) 3) Insurance Name/Med		Insurance Name/Medicare
4)		_ 5)	6)	7)
Polic	y # or Group #	Effectiv	e Date End D	ate Policy Holder Name
8) <b>Rela</b>	itionship to Insur	ed		
	Self	Spouse	Child	Other
9)	Yes	No	Does this inform	nation appear on the patient's id ID card?
10) <b>If Y</b>	es, explain natur	e of probler	n:	
11) Provider Name				rovider NPI number
13)			14)	
, — <u> </u>	Contact Person	<del></del>		elephone Number

## **Gainwell Technologies/TPL Unit**

For inquiries: Contact the Customer Service Help Desk

401-784-8100 Local and long distance calls

1-800-964-6211 In-state toll calls

To FAX form: 401-784-3892