

MO HEALTHNET DIVISION

THIRD PARTY RESOURCE FORM (TPL-1)

(INSTRUCTIONS FOR CHILDREN'S DIVISION)

This form is used when the participant's insurance information is not listed in PROD/MTPR or in the FAMIS system to edit/end commercial health insurance.

The following sections must be completed by Children's Division staff:

- Case DCN (Enter the head of household's DCN, if they have one)
- Date (MM/DD/YY)
- Check the appropriate box for the requested action
- Attach a copy of the insurance card (front & back) for **each** recipient
- Recipient Name—include **each** child covered by the policyholder's private insurance by entering their name, DCN, and relationship to the policyholder
- Complete the insurance company name
- Complete the insurance company address (street, city, state, zip code)
- Complete the policy number
- Complete the policyholder's name
- Complete the policyholder's date of birth
- Complete the policyholder's social security number
- Complete the policyholder's address (street, city, state, zip code)
- Complete the employer's name and address (street, city, state, zip code)
- Complete the Policy number and the Group number

The case manager should sign the form (in the field labeled Eligibility Specialist/Supervisor Signature) and include a phone number. This form does not need to be signed by a supervisor. If additional information is necessary, it can be added in the space provided on the second page of the form.

Submit the TPL-1 form to:

Department of Social Services
MO HealthNet Division
PO Box 6500
Jefferson City, MO 65102-6500

OR, fax to:

573-526-1162
Attn: TPL Database