



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 MO HEALTHNET DIVISION
TEFRA LIEN FEE INVOICE

MO HEALTHNET DIVISION USE ONLY
INVOICE NUMBER

COUNTY NAME
ADDRESS
SAM II VENDOR NUMBER

NAME OF MO HEALTHNET PARTICIPANT	INDICATE IF LIEN FILED OR RELEASED (CHECK ONE)	DATE FILED OR RELEASED	AMOUNT INVOICED
	<input type="checkbox"/> FILED <input type="checkbox"/> RELEASED		
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TOTAL NO. OF MO HEALTHNET PARTICIPANTS	TOTAL NO. OF FILED LIENS INVOICED	TOTAL NO. OF RELEASED LIENS INVOICED	TOTAL AMOUNT INVOICED
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SIGNATURE OF COUNTY RECORDER OF DEEDS	DATE
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MO HEALTHNET DIVISION USE ONLY: APPROVED BY	DATE
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Mail original invoice to: Department of Social Services
 MO HealthNet Division
 Attn: Cost Recovery Unit
 PO Box 6500
 Jefferson City, MO 65102-6500

The invoice must be fully completed with an original signature (faxed or electronic signatures are not accepted). Call the Cost Recovery Unit at (573) 751-2005 with questions regarding the TEFRA Lien process.