UnitedHealthcare of New England
Community Plan
Medicaid Department
Third Party Liability (TPL)
Coordination of Benefits (COB)

TPL/COB refers to a Commercial Insurance Company or Medicare Program that may be liable for all or part of a member's health insurance coverage, including Subrogation. The Health Plan is required by our contractual agreement with the Executive Office of Health & Human Services (EOHHS) to identify and verify this as a resource of the member. The Health Plan must report all TPL/COB to the State.

Please complete the following information needed for UnitedHealthcare's Medicaid members with Primary Insurance, Workers Compensation or any other Primary Insurance coverage and fax to 401-732-7210.

TPL/COB

Date:	
Member Name	
Member ID #	
Policy Holder's Name	
Policy Holder's SS #	
Policy Holder's DOB	
Insurance Company Name, Address and Phone Number	
Policy #	
Policy Effective Date	**From:** **To:**

Subrogation

Rhode Island is a "Pay & Pursue" State (which means we pay the claim up front and then negotiate a recovery on behalf of the Plan and collect the Recovery). Anytime you hear that an injury is a result of a slip & fall accident, MVA, work or on-the-job injury or suspicion of an accident or injury, this must be reported.

Please fax to the RI Health Plan at 401-732-7210 and include the following information:

Date:	
Member Name	
Member ID #	
Type of Loss/Injury/Accident	
Date of Loss, Injury/Accident	