

**OFFICE OF ADMINISTRATION
THIRD PARTY LIABILITY PROGRAM**

TO

FROM

DEPARTMENT OF PUBLIC WELFARE
OFFICE OF ADMINISTRATION
P.O. BOX 8022
HARRISBURG, PA 17105 - 8022

Attached is a copy of a Medical Services Questionnaire sent to the named client on two (2) separate occasions in an attempt to determine the basis of medical services provided to them, and to identify any potential third party that may be responsible for payment. To date, the client has not responded.

55 Pa Code 125.21 (a) and (c) states the client is the primary source of information, and is responsible for providing information regarding resources to the extent possible. As a condition of continued eligibility, the named client on this form receiving medical services is required to provide verification of the information requested on the attached form.

It is requested that your office contact the client to complete the attached Medical Services Questionnaire and return it to the above address within 30 days of the date of the attached form. Failure on the part of the member to respond equates to non-cooperation, and the CAO must take action to discontinue medical benefits.

The SSA Field Office must be notified in writing of non-cooperation of all SSI recipients who fail to provide information requested on the questionnaire. The Supplemental Security Income Chapter of MAEH 387.12 provides guidelines on notifying SSA of SSI recipient change in circumstances. SSA will review the SSI case and inform the CAO if SSI is terminated.

IF ASSISTANCE IS/WAS DISCONTINUED, PLEASE MAKE AN ENTRY IN THE CASE RECORD, KEEP THE ORIGINAL QUESTIONNAIRE IN THE RECORD UNTIL THE FORM CAN BE COMPLETED DURING REAPPLICATION AND RETURN IT TO THE THIRD PARTY LIABILITY OFFICE AT THE ADDRESS ABOVE.

If you have any questions, please call (717) 772-6724.

Attachment - Medical Svcs Questionnaire