

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health



HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration

THIRD PARTY LIABILITY INFORMATION

Complete the following information if you are seeking assistance with out-of-pocket costs (Premiums, Co-payments & Deductibles).

<u>Medicaid ID</u>	<u>Policyholder First Name</u>	<u>Policyholder Last Name</u>
<u>Policyholder Date of Birth</u>	<u>Policyholder SSN</u>	
<u>TPL Carrier Name</u>	<u>TPL Carrier Address</u>	<u>TPL Policy Number</u>
<u>TPL Group Number</u>	<u>TPL Policy Begin Date</u>	<u>TPL Policy End Date (If active, input 12/31/9999)</u>