



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
MO HEALTHNET DIVISION  
**MO HEALTHNET INSURANCE RESOURCE REPORT**

TPL-4

Submit this form to notify the MO HealthNet agency of insurance information that you have verified for a MO HealthNet participant. Please send the completed form to:

Department of Social Services  
MO HealthNet Division  
Attention: TPL Unit  
P.O. Box 6500  
Jefferson City, MO 65102-6500  
MHD.CostRecovery@dss.mo.gov

**DO NOT SEND CLAIMS WITH THIS FORM. YOUR CLAIM WILL NOT BE PROCESSED FOR PAYMENT IF ATTACHED TO THIS FORM.**

PROVIDER IDENTIFIER	PROVIDER TAXONOMY CODE	DATE (MM/DD/YY)
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PROVIDER NAME

CHECK THE APPROPRIATE BOX FOR THE REQUESTED ACTION

ADD NEW RESOURCE                      OR                       CHANGE MO HEALTHNET RESOURCE FILES

PARTICIPANT NAME	MO HEALTHNET ID NUMBER
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INSURANCE COMPANY NAME

POLICYHOLDER (IF OTHER THAN PARTICIPANT)	POLICYHOLDER'S SOCIAL SECURITY NUMBER
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POLICY NUMBER	GROUP NAME OF NUMBER
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VERIFIED INFORMATION

SOURCE OF VERIFIED INFORMATION:                       EMPLOYER                       INSURANCE COMPANY

TELEPHONE NUMBER OF CONTACT	DATE CONTACTED (MM/DD/YY)
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NAME OF PERSON COMPLETING THIS FORM	TELEPHONE NUMBER
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Please allow 2-3 weeks for the information to be updated. Eligibility can be verified through the Interactive Voice Response (IVR) system at (573) 751-2896 or on the web at [www.emomed.com](http://www.emomed.com).

**ATTACH A COPY OF AN EXPLANATION OF BENEFITS OR INSURANCE LETTER IF AVAILABLE**