



DHS 2086

Request for health-insurance information

Date:

To:

Regarding: Name _____ SSN _____

Greetings,

Oregon’s Medicaid Program, administered by the state Department of Human Services (DHS), requires certain health information to determine eligibility and payments for medical benefits.

We recognize that this information is covered by HIPAA privacy laws. However, the information falls under provisions of the law that allow entities covered by HIPAA to exchange information for the purposes of treatment, payment or operation of health-care. (These are known as the “TPO” provisions).

Please answer the questions in the checked subject areas below as quickly as possible. If you have further questions or need more information about the TPO exemptions under HIPAA, you can contact me at _____.

Does the person listed above carry medical insurance? Yes ___ No___

If yes, who is the medical insurance carrier and what is their phone number? _____

Are dependents covered? Yes ___ No___ If yes, who? _____

What is the group number? _____



Request for health-insurance information *(continued)*

When did this coverage begin? _____

Is this coverage current? Yes ___ No___

Were there any breaks in coverage? Yes ___ No___

Does the person have prescription coverage? Yes ___ No___

If yes, what is the group number? _____

Name and phone number of the carrier: _____

Is there dental coverage? Yes ___ No___

If yes, what is the group number _____

Name and phone number of the carrier: _____

Is there vision coverage? Yes ___ No___

If yes, what is the group number _____

Name and phone number of the carrier _____

Does this coverage include hardware? Yes ___ No___

Thank you for your help on this matter.

Name:

Title:

DHS unit:

Fax #