

**HFS****Illinois Department of
Healthcare and Family Services****JB Pritzker, Governor**
Elizabeth M. Whitehorn, Director

Bureau of Collections
Technical Recovery Section
P.O. Box 19102
Springfield, Illinois 62794-9992

Telephone: (217)785-8711
TTY: (800)526-5812
Fax: (217)557-8782

Date:

Customer Name
Customer Address
City, State, Zip

Case Name:
Case No:
Injured Party:

Dear

Our records show that the Illinois Department of Healthcare and Family Services has paid medical expenses for _____ in regards to the accident/injury/illness stated below. The Department would like to have more information about the cause of the accident/injury/illness. This inquiry will not affect continued eligibility.

Provider:
Date of Service:
Diagnosis:

Please complete the questions asked below:

- (1) Can you please explain why you received medical treatment on the above date?
- (2) Were there any other parties involved who could be responsible for the medical bills?
- (3) Are you working with an insurance company other than Medicaid to cover this accident, injury, or illness? If the response is yes, please provide us with the insurance company's name, address, and telephone Number.
- (4) Has an attorney been contacted regarding this accident, injury, or illness? If the response is yes, please provide the attorney's name, address, and telephone number.

Upon completion of this questionnaire, please return this form in the attached envelope.

Once again, the completion of this inquiry will not affect your continued eligibility. Please provide a daytime phone number (including area code) where you can be reached.

Sincerely,

Healthcare and Family Services Representative
HFS.BOC.TRS.SPR.PI.WC@ILLINOIS.GOV