ILLINOIS DEPARTMENT OF
Healthcare and Family Services

JB Pritzker, Governor
Theresa Eagleson, Director

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

Date:

Customer's Name
Customer's Address

CASE NAME:
Case No:
Injured Party:

Dear

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

Provider:
Date of Service:
Diagnosis: (Code and description provided)

Please complete the questions asked below:

(1) Would you please explain why medical treatment was received on the above date?

(2) Does any insurance cover this accident, injury, or illness? If the response is yes, please provide us with the insurance company's name, address, and telephone number.

(3) 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,

Technical Recovery Section
hfs.boc.trs.spr.pi.wc@illinois.gov