fax

Blue Shield of California is an independent licensee of the Blue Shield Association.

| To: | Recipient Name | From: | Your Name |
| --- | --- | --- | --- |
| IPA: |  | Position:  |  |
| Fax: | Fax Number | Pages: | Number of pages |
| Phone: | Phone Number | Date: |  |
| Re: | Third-Party Liability (TPL) Case | Response must be received by: |   |
| Member:  |  |  |  |

| 🞎 Urgent | 🞎 For Review | 🞎 Please Comment | 🞎 Please Reply | 🞎 Please Recycle |
| --- | --- | --- | --- | --- |

 **Notes:**

Attached is a request for itemization of services from the State Department of Health Care Services (DHCS) or LA Care regarding a Third-Party Tort Liability (TPL) case for a member that was eligible with your organization.

Submit ***ALL*** claims, payment and itemization of services beginning with the date of injury to present for the request attached.Please gather the required information and forward to Blue Shield of California Promise Health Plan within 10 working days.

**Please submit a response in writing to Blue Shield of California Promise Health Plan in the event that no services were reported during the period of accident/injury.**

Thank you.

*Reference: SDHS Medi-Cal Agreement No 96-26397, Amendment No. 12, Exhibit E, Attachment 2.*