

Ohio Department of Medicaid  
**HEALTH INSURANCE FACT REQUEST**

**The ODM 06614 is not meant to be used for managed care plan or county demographic information. Any information other than commercial insurance or Medicare cannot be processed by the TPL & Buy-In units.**

Questions regarding Managed Care- contact the plan involved. Questions regarding updating the date of birth, gender, or other demographics – contact the county involved.

Please select which health insurance information to update.     Private Health Insurance     Medicare

**Provider Information**

Provider Number	Provider Name		
Contact Person	Phone Number		
Email Address	Fax Number		

**Recipient Information**

Patient(s) Name	Medicaid Billing Number	Patient's Phone Number	
Name of Insurance			
Address			
City	State	Zip Code	Insurance Carrier Phone Number
Policy Holder Name	Policy Number or Medicare Number		Policy Group Number
Policy Holder Social Security Number (SSN)		Policy Holder Phone Number	
If payment has been received from health insurance other than Medicaid or Medicare, please note first payment date.			
Date health insurance terminated per attached documents.			
Additional Comments			

**Submit to:**            The Ohio Department of Medicaid  
                                 Cost Avoidance Unit  
                                 Coordination of Benefits Section  
                                 Fax number: **(614) 728-0757**  
                                 E-mail: **TPLFAX@medicaid.ohio.gov**