



**STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY**

**THIRD PARTY LIABILITY INFORMATION SHEET**

IF YOU DISCOVER THAT THE TPL INFORMATION ON A SOONERCARE MEMBER NEEDS TO BE UPDATED, PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE AND FAX TO 405-530-3478. THE INFORMATION SHOULD BE UPDATED WITHIN FIVE (5) BUSINESS DAYS. WHEN POSSIBLE, FAX IN A COPY OF THE INSURANCE CARD FOR FASTER PROCESSING.

**NAME:** \_\_\_\_\_

**RID:** \_\_\_\_\_

**NAME OF INSURANCE COMPANY:** \_\_\_\_\_

**ADDRESS OF INSURANCE COMPANY:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME OF POLICYHOLDER:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER OF POLICY HOLDER:** \_\_\_\_\_

**HEALTH INSURANCE POLICY NUMBER:** \_\_\_\_\_

**GROUP NUMBER:** \_\_\_\_\_

**RX BIN:** \_\_\_\_\_

**RX PCN:** \_\_\_\_\_

**RX Group:** \_\_\_\_\_

**EFFECTIVE DATE OF POLICY:** \_\_\_\_\_

**RELATIONSHIP OF POLICYHOLDER TO PATIENT:** \_\_\_\_\_

If you have any questions regarding this request, please do not hesitate to call the Third Party Liability Unit's Recovery Section at (405) 522-6205 or toll-free in-state at (800) 522-0114.