MassHealth

Appendix C — Third Party Carrier Code

Date: _____

This form should **only** be used to request the addition of a commercial carrier to the Appendix C carrier code list if the commercial carrier is not already listed. Appendix C can be found in the MassHealth Provider Manual: Appendix C — Third Party Liability Codes.

Do not use this form to report updates to third party insurance for a MassHealth member. To update a member's third-party insurance information, please continue to use the Third Party Liability Indicator form, which can be found in the Provider Library, under MassHealth Provider Forms.

1. Commercial Carrier Information

Insurance company name _____

Insurance company phone _____

Insurance company address _____

2. Policyholder and Family Information

Policyholder's name _____

Policy no. _____ Group no. _____

Policy start date _____ Policy end date _____

Family Members Covered

Name _____ MassHealth ID _____

Name _____ MassHealth ID _____

Name _____ MassHealth ID _____

Name _____ MassHealth ID _____

3. Provider Information

Provider name _____

Contact person _____

Contact phone _____ Contact fax _____

Contact email _____

Please fax this form to:
Third Party Liability Unit
617-886-8134

Clear Form Print Form