



Third Party Liability Indicator

Instructions

1. Complete Step 1: Head of Household Information.
2. Complete Step 2: Third Party Liability Information Updates.
3. Return the form to the MassHealth Third Party Liability Unit by email, fax, or mail.

Step 1: Head of Household Information (You must complete this section.)

Head of Household Name: _____
Last, First, Middle initial

Head of Household MassHealth ID No. or Social Security Number (SSN): _____

Head of Household Telephone Number: _____

Step 2: Third Party Liability Updates (Complete the Section that you need MassHealth to update.)

Section I: Commercial Health Insurance Information (Complete only if you need MassHealth to update commercial health insurance information.)

- Add Policy Change Policy Terminate/Close Policy

Policyholder's Name: _____ Policyholder's Date of Birth: _____
Last, First, Middle initial

Policyholder's SSN: _____ Policy Number: _____

Insurance Company Name: _____ Group Number: _____

Policy Start Date: _____ Policy End Date: _____

Insurance Address: _____ Insurance Telephone Number: _____
(XXX) XXX-XXXX

Family Members Covered:

Name	Date of Birth	MassHealth ID Number or SSN

Section II: Medicare Information (Complete only if you need MassHealth to update Medicare insurance information.)

Name: _____ Medicare Beneficiary Identifier (MBI) Number: _____
Last, First, Middle initial

Part A:

Add Policy Start Date: _____ End Date: _____

Close Policy Start Date: _____ End Date: _____

Part B:

Add Policy Start Date: _____ End Date: _____

Close Policy Start Date: _____ End Date: _____

Part C:

Note: Part C plans are commonly known as Medicare Advantage plans.

Add Policy Start Date: _____ End Date: _____

Insurance Carrier: _____ Plan Name: _____

Close Policy Start Date: _____ End Date: _____

Insurance Carrier: _____ Plan Name: _____

Part D:

Add Policy Start Date: _____ End Date: _____

Insurance Carrier: _____ Plan Name: _____

Close Policy Start Date: _____ End Date: _____

Insurance Carrier: _____ Plan Name: _____

Step 3: Return the completed form to the MassHealth Third Party Liability Unit in one of these three ways:

1. Email: MassHealthTPL@accenture.com
2. Fax: (617) 357-7604
3. Mail: MassHealth Third Party Liability Unit, 519 Somerville Avenue #372, Somerville, MA 02143

Questions? Call MassHealth Third Party Liability Unit
at (888) 628-7526 or TTY (617) 886-8102