



TOTAL PLAN CASE SETTLEMENT NOTIFICATION FORM

This form is only for AHCCCS Contractor use for reporting to AHCCCS in accordance with contractual requirements.

TO: _____
FROM: _____
RE: _____
CC: _____
DATE: _____

This is to notify AHCCCS that a settlement recovery has recently been made on the AHCCCS recipient listed below.

MEMBER INFORMATION

AHCCCS MEMBER: _____
AHCCCS ID#: _____

ACCIDENT INFORMATION

DATE OF INJURY: _____
END DATE OF SERVICE: _____
ELIGIBILITY KEY CODE: _____
COUNTY OF INJURY: _____
AHCCCS LIEN/CLAIM AMOUNT: _____
RECOVERY AMOUNT: _____

SETTLEMENT INFORMATION

TOTAL SETTLEMENT VALUE: _____
APPROXIMATE AMOUNT PAID TO MEMBER: _____
DATE OF SETTLEMENT: _____

MEMBER'S LEGAL GUARDIAN/AUTHORIZED REPRESENTATIVE (IF ANY)

MEMBER'S ATTORNEY (IF ANY)

RECOVERY SOURCE (MEMBER'S ATTORNEY OR LIABLE THIRD PARTY)

Submit form to the AHCCCS TPL Unit as specified in Contract.