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

|  |  |
| --- | --- |
| **CONTRACTOR:** |  |
| **INDIVIDUAL SUBMITTING FORM:** |  |
| **SUBMISSION 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 LEGAL GUARDIAN/AUTHORIZED REPRESENTATIVE (IF ANY) |
|  |
| MEMBER ATTORNEY (IF ANY) |
|  |
| RECOVERY SOURCE (MEMBER ATTORNEY OR LIABLE THIRD PARTY)**Submit form to the AHCCCS (Third Party Liability) TPL Unit as specified in Contract.**  |