

**County of San Diego, Health and Human Services Agency (HHSA)
Processing Guide**

Third Party Liability (TPL) Report Completion Instructions

Number

01

Page

1 of 1

The applicant must fill out the CMS-7 as fully as possible.

Section A: Injured Applicant Information

The following applicant information is required:

- Applicant's complete name.
- Birth date (month, date, year).
- Social Security Number.
- Full address and zip code.
- Phone number (including area code).
- The address and phone number of the applicant's representative, attorney and/or insurance agent.

Section B: Accident Report

This section gives the details about the accident and injury, and helps the County identify the claims that are related to a particular accident and injury.

The following information is required:

- The date of the accident (month, day, and year)
- The place where the accident occurred (if possible give the physical location of the accident (Example: Hwy 15 at the 163 off-ramp).
- Identify where initial treatment was given (name of hospital, paramedics, none, etc.).
- Indicate the type of accident (one or multiple care accident, pedestrian v. auto, a slip and fall, etc.).
- Indicate specifically the injured body part(s) (broken leg or arm, head injury, internal injuries, etc.).
- Indicate if a police report was filed.
- Indicate if injury occurred on the job.

Section C: Party who may be responsible for payment for accident/injury

This information is used to determine how to pursue collections. The responsible party may be:

- An individual (write the complete name, if possible)
- An agency (Example: police department)
- A company (indicate if it is a worker compensation case)

The worker must ensure that the CMS-7:

- Is complete and contains as much information as possible. If the applicant does not know the information, have them enter "unknown".
- Indicates the full name of the insurance company, and whenever possible, the policy number.
- Provides the insurance company's complete address including the suite number, and whenever possible, the name of a contact person.
- Provides information about the attorney representing the third party.
- Is signed by the applicant giving the County authorization to release information to the parties listed, and send the CMS-7 to ORR at Mail Stop O-60 via interoffice mail.

If the applicant refuses to complete and sign the CMS-7, the worker will:

- Deny the application for refusal to comply with program requirements; and
- Narrate the details surrounding the refusal in case comments.

Release Date:

August 14, 2015