

HP Enterprise Services  
Attention: TPL Unit  
P.O. Box 2107  
Frankfort, KY 40602-2107

**Third Party Liability Lead Form**

Provider Name: \_\_\_\_\_ Provider #: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

From Date of Service: \_\_\_\_\_ To Date of Service: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Date Claim Was Filed with Insurance Carrier: \_\_\_\_\_

Please check the one that applies:

\_\_\_\_\_ No Response in Over 120 Days

\_\_\_\_\_ Policy Termination Date: \_\_\_\_\_

\_\_\_\_\_ Other: Please explain in the space provided below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_