Westchestor	County of Westchester Medicaid and Public
Westchester gov.com	Assistance Lien Review/Deferral/Reduction Request Attn: Sr. ACA Susan Kettner
50.0000	Please complete the following and fax to 914-995-3132 or email to
	LienSearch@WestchesterCountyNY.gov. Please be sure to print
	or type the information clearly.
Case Caption:	
Index No:	Courthouse:
Client's Full Name:	Date of Birth:
Social Security No:	Date of Accident:
Case Type & Facts (MVA, T&	F, etc.):
Injuries (provide a short list of	injuries and attach all Bills of Particulars):
Settlement Amount: \$; date accepted:
Attorney's Costs: \$	
Attorney's Fees: \$	
Medicaid Lien: \$ Public Assistance Lien:\$; attach lien letter if obtained from HMS and not this office
	; holder of lien & explanation thereof:
Balance to Client: \$	
 <u>Claims Review</u>. If marked spreadshee medical or legal readshee medical or legal reasonab I do not have have checked this that the lien amount OR <u>Medicaid</u>. Note: V Ahlborn, 547 U.S. include a reasonab <u>Public Assistance</u>. 	Westchester County applies the holding of <i>Dep't of Human Servs. v.</i> 268 (2006), when assessing Medicaid deferrals. Please be sure to le and county relevant full case value. Note: The discretion afforded under N.Y.S. Social Services Law §104-
funds (e.g., moving	I to require a hardship or other explanation regarding the need for the g, education, etc.).

Be sure to include the attorney contact information, including email address, on the letter. Requests will be processed as received and take approximately 3-4 weeks to review.