



INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION
DIVISION OF LIENS AND RECOVERY

**UPDATED / FINAL LIEN REQUEST
FAX FORM
Fax #: (844) 449-3445**

The Human Resources Administration Division of Liens and Recovery and the New York State Office of the Medicaid Inspector General (OMIG) are working with Health Management Systems, Inc. (HMS) to collect Medicaid and Public Assistance liens. Please fax all updated or final lien requests to the number shown above.

Date: _____

- I. Plaintiff Name:** _____
- SSN: _____ Date of Birth: _____
- Settlement Amount: _____ Date of Incident: _____
- NYC File # (if action against NYC): _____ Settlement Date: _____
- Index Number: _____ Case # or CIN: _____
- Specify Injury:** (e.g., Ankle Fracture), or Fax Bill of Particulars: _____

Type of Lien (check one): Updated Final

- II. Attorney requesting Lien represents:** Plaintiff Defendant
- Firm Name: _____
- Firm Address: _____
- Attorney Name: _____ Telephone: _____
- Email: _____ Fax: _____
- Conference Date: _____

- III.** If the requesting Attorney represents the plaintiff, please provide the Defendant's name, Defendant's attorney's name, address and phone number. If the requesting Attorney represents the Defendant, please provide the Plaintiff's name, Plaintiff's attorney's name, address and phone number.
1. _____
2. _____

- IV.** Provide the Name and Address of each Insurance Company insuring each Defendant named above. Include Insurance Company Claim/File for each.
1. _____
2. _____

V. Completed by: _____ Date: _____