



STEVE SISOLAK
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

MEDICAL / INSURANCE SUBROGATION

HMS – NV Casualty Unit
PO BOX 844648
Los Angeles, CA 90084-4648

DATE: _____

FROM: _____ Re: _____
District Office Case Name Case No.

Name of injured person if different from case name Client or caretaker/guardian name/phone number

Form Completed: By Mail On Phone In Person

Please check appropriate box(es):

Client was injured while in the custody of a law enforcement agency YES NO

Agency Name: _____

Agency Address: _____

The injury was job related YES NO

Client received or is receiving Workmen's Compensation YES NO

Date Began: _____

Date Ended: _____

Client has an injury that resulted from an accident which is NOT job related YES NO

Client has received or is currently receiving medical care for an accident/injury where the legal case has already been settled or all benefits have been expended/exhausted YES NO

ACCIDENT/INJURY INFORMATION

Date occurred _____ Approximate time _____
(Month, Day, Year) (A.M./P.M.)

Address and location _____

How accident occurred _____

Other parties involved _____

Is your accident/injury case currently open? YES NO If NO, date case closed _____

Was a settlement made? YES NO Date _____ Sum _____

OTHER PARTY

APPLICANT

Name of Insured _____

Insurance company _____

Insurance company address _____

Policy number, if available _____

Attorney, if involved _____

Attorney's address _____

Attorney's phone number _____

A copy of the accident report Is attached Will be forwarded, when available
 Is unavailable because _____

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.

Signature Print Name Title/Relationship Date Telephone Number