



Medicaid Vendor Drug Program
Third Party Payer Verification Request Form

Please bill the third party payer in question before submitting this request to confirm whether any information has changed or the policy has terminated. HMS cannot process your request until you have received a denial from the third party payer. Submit any denials received from the third party payer along with this form.

If you have an update relating to Medicare Part B coverage or a Medicare Part D Prescription Plan, please contact Medicare directly (1-800-MEDICARE). The HMS Third Party Support Center is unable to verify Medicare eligibility or update Medicare third party information.

For a non-Medicare third party update request, please fill in as much information as possible; required fields are indicated below. Your request will be processed within three (3) business days. Thank you for your patience and assistance.

Please fax to: 866-389-6342, Attn: Texas Third Party Support

Provider Information (All Fields Required):

Date: ___ / ___ / _____	Fax#: ___ - ___ - _____
Provider Name: _____	Contact: _____
NPI#: _____	PH#: ___ - ___ - _____

Medicaid Recipient Information (Medicaid ID # Required):

Name: _____	DOB: ___ / ___ / _____
Medicaid ID#: _____	SSN: ___ - ___ - _____

Third Party Payer Information (Payer ID or Name Required): Please check appropriate box

New Info (Policy Holder SSN Required) Policy terminated Change of policy information

Third Party Payer ID/Name: _____	PH#: ___ - ___ - _____
Claims Address: _____ _____	
Policy Holder Name: _____	
Policy Holder SSN: ___ - ___ - _____	DOB: ___ / ___ / _____
Effective Date: ___ / ___ / _____	Termination Date: ___ / ___ / _____
Group#: _____	Policy#: _____
Employer: _____	

THIS FAX IS INTENDED ONLY FOR THE USE OF THE PERSON OR OFFICE TO WHOM IT IS ADDRESSED, AND CONTAINS PRIVILEGED OR CONFIDENTIAL INFORMATION PROTECTED BY LAW. ALL RECIPIENTS ARE HEREBY NOTIFIED THAT INADVERTENT OR UNAUTHORIZED RECEIPT DOES NOT WAIVE SUCH PRIVILEGE, AND THAT UNAUTHORIZED DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE DESTROY THE ATTACHED DOCUMENT (S) AND NOTIFY THE SENDER OF THE ERROR.