



THIRD PARTY RECOVERY TRANSMITTAL

Date: _____

RE: _____
(Medicaid recipient)

TO: Xerox State Healthcare, LLC
Florida TPL Recovery Unit
P.O. Box 12188
Tallahassee, FL 32317-2188

RE: _____
(Spouse, if spouse's annuity)

Medicaid ID No.: _____

Case No.: _____

----- (Fold here for window envelope) -----

Health Management Systems, Inc. fax number --- (844) 845-8352

This transmittal is to provide the following documents or information regarding the above named recipient:

- Approved income trust
- Approved trust for the disabled (including pooled trusts)
- Approved annuity naming the State of Florida as beneficiary
- The Medicaid recipient (or spouse) died on _____. Last known information on Grantor/Trustee:

Name: _____ Contact #: _____

Address: _____

- \$ _____ : Disregarded assets based on benefits paid by Long-Term Care Insurance Partnership Policy (to be disregarded for estate for estate recovery purposes)

If you have questions about this matter, please contact the individual named below.

Eligibility Specialist Name/Phone Number	Office Address