

Iowa Department of Human Services  
PA MEDICAL SUPPORT QUESTIONNAIRE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***Important! Must be returned within 10 days***

Dear Parent:

Unless you already provide employment-related or other group health insurance for yourself and your children, the Child Support Recovery Unit may try to get health insurance through the noncustodial parent. When enrolled, we will provide you with information about the health insurance policy the noncustodial parent carries for you and your children.

As a recipient of FIP or Medicaid, you must cooperate with us in establishing and enforcing medical support.

So that we can determine whether to get medical support for you and the children named above, please complete and return the pages attached to the following address within 10 working days. If you do not send the information, we will notify your income maintenance worker that you have not cooperated. Penalties for failure to cooperate without good cause are determined by the income maintenance worker and may include a reduction or cancellation of your FIP or Medicaid benefits.

**Send attached pages to:**

Child Support Recovery Unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Support Information**

Please answer the following questions about medical support for the persons listed on the first page of this form.

Is employment-related or other group health insurance available to you or your children?  Yes  No

If yes, who is enrolled:  Self  Self and Children  None.

Is the coverage:  Medicaid (Title 19)  HIPP  HAWK-I  Employment-related

Monthly health insurance premium: \$ \_\_\_\_\_

Is there a support order which requires that medical support be provided? (Medical support may include health insurance, payment of medical bills, a cash amount for medical bills, etc.)  Yes  No

If yes, order number: \_\_\_\_\_

Is employment-related or group health insurance available to the children's other parent?

Yes  No  Unknown Monthly premium cost: \$ \_\_\_\_\_

If yes, are the children enrolled?  Yes  No Date available: \_\_\_\_\_

**If insurance is provided, please complete the Health Insurance Benefit Section below.**

**Health Insurance Benefit Section**

Name of person providing health insurance: \_\_\_\_\_

INSURER # 1

INSURER # 2

Name of Insurer: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claims filed with: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coverage Information:

INSURER # 1

INSURER # 2

Dependent Name:

Policy

Effective

Policy

Effective

Numbers:

Date:

Numbers:

Date:

\_\_\_\_\_

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Case Number: \_\_\_\_\_

**Types of Coverage**

Insurer #1

- Ambulance
- Hospital
- Physician
- Dental
- Lab & X-Ray
- Spec Disease - Cancer
- Prescription Drugs
- Medical Equipment
- Spec Disease - Heart
- Home Health Agency
- Nursing Home - Inter
- Vision
- Hospice
- Nursing Home - Skill

**Source Information**

- Accident Policy
- Medicaid Trust
- CHAMPUS
- Medicare - Part A Only
- CHAMPVA
- Medicare - Part B Only
- Indemnity Policy
- Medicare - Part A & B
- Major Medical
- Veterans Admin

**Types of Coverage**

Insurer #2

- Ambulance
- Hospital
- Physician
- Dental
- Lab & X-Ray
- Spec Disease - Cancer
- Prescription Drugs
- Medical Equipment
- Spec Disease - Heart
- Home Health Agency
- Nursing Home - Inter
- Vision
- Hospice
- Nursing Home - Skill

**Source Information**

- Accident Policy
- Medicaid Trust
- CHAMPUS
- Medicare - Part A Only
- CHAMPVA
- Medicare - Part B Only
- Indemnity Policy
- Medicare Part A & B
- Major Medical
- Veterans Admin

Please sign here: \_\_\_\_\_

Case number: \_\_\_\_\_