

Iowa Department of Human Services
EMPLOYER MEDICAL SUPPORT INFORMATION

Date: _____
Case Number: _____
Child Support Recovery Unit

Tel: 1-877-274-2580
<http://epics.dhs.state.ia.us>

ATTENTION: Employer/Benefits Plan Administrator
RE: _____

Provide the Child Support Recovery Unit (the Unit) with information on all coverages available for the dependent(s) through the health insurance plan listed on Part B of the National Medical Support Notice. This request is in compliance with Iowa Code chapter 252E. Make additional copies if you have more than two plans.

Plan 1: Policy #: _____
Monthly Premium \$ _____

Plan 2: Policy #: _____
Monthly Premium \$ _____

- _____ 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

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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

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Please return this form to the Unit with Part B of the National Medical Support Notice.