

Iowa Department of Human Services
NPA MEDICAL SUPPORT QUESTIONNAIRE

_____	_____	Date: _____
_____		Case Number: _____
_____		Children:
_____		_____

Important! Must be returned within 10 days.

Dear Parent:

The Child Support Recovery Unit may try to get health insurance through the noncustodial parent ***unless you and your children already have satisfactory health insurance.*** When enrolled, we will provide you with information about the health insurance policy the noncustodial parent carries for you and your children.

So that we can determine whether to get medical support for you and the children named above, please complete and return the attached pages to the following address within 10 days.

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

Monthly health insurance premium: \$ _____

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

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's Name: Policy Numbers: Effective Date: Policy Numbers: Effective Date:

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: _____