

POTENTIAL THIRD PARTY LIABILITY NOTIFICATION

The Department of Health Care Services (DHCS) identifies funds Medi-Cal paid on behalf of members in personal injury actions. If a Medi-Cal member filed or plans to file a lawsuit or insurance claim against a liable third party, DHCS must be notified of the matter pursuant to Welfare and Institutions (W&I) Code Section 14124.70 et seq.

To notify the Department, please visit <http://dhcs.ca.gov/PI> and choose the appropriate link from the *Online Forms* list. You will need to provide:

- Member's first and last name
- Member's date of birth
- Member's Medi-Cal number
- Date of injury
- Type of injury
- Injury causer's insurance information, if known
- Final date of treatment, if known
- Date of settlement, if known
- Member's attorney information, if applicable

When a member's eligibility is confirmed, DHCS will send a Notice of Lien stating our rights to recovery and, after DHCS is notified of a final date of treatment or proof of settlement is received, a lien letter will be sent to the member and/or legal representative.