



August 30, 2013

Re:  
CIS #:  
Incident Date:

Dear

I am writing on behalf of the Pennsylvania Department of Public Welfare. The Commonwealth's Medical Assistance Program paid some or all of the medical bills regarding the above-referenced incident.

Under Section 1409 of the Public Welfare Code, 62 P.S. §1409, the Department of Public Welfare has a first claim on any judgment, award, or settlement to insure the reimbursement of the Medicaid Program. In addition to our claim rights, the Department of Public Welfare has a right to institute a separate lawsuit to obtain reimbursement of medical assistance benefits. This right includes the authority to bring a direct action lawsuit against the defendant's insurance company.

The Department's claim for medical assistance reimbursement may also include a claim for cash assistance reimbursement. Under 62 PA. C.S.A. §1974, as amended by Act 43 passed by the General Assembly July 7, 2005, cash assistance must also be repaid from the proceeds of a personal injury claim. No settlement you negotiate with the tortfeasor or his insurance company will discharge the Department's claim for medical or cash assistance reimbursement without first satisfying or assuring satisfaction of the interest of the Commonwealth.

You are hereby notified of the Department of Public Welfare's claim in this matter. No settlement with the claimant will discharge DPW's medical or cash reimbursement claim against you (or your insured) unless satisfactory payment is made to DPW. Should you conclude settlement with the claimant without insuring payment to DPW, the settlement may be voided. DPW may also bring suit separately.

Enclosed is a statement of claim indicating all bills paid to date by the Department of Public Welfare on behalf of the above-referenced recipient.

Please forward this letter to the insurance carrier immediately. To avoid unnecessary legal action, it is necessary that you acknowledge your receipt of this letter.

SEP 05 2013



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Thank you for your cooperation in this matter. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Tina M. Wise".

Tina M. Wise  
TPL Program Investigator  
717-214-1204  
717-772-6553 FAX

Enclosure

COMMONWEALTH OF PENNSYLVANIA  
BUREAU OF PROGRAM INTEGRITY  
DIVISION OF THIRD PARTY LIABILITY  
RECOVERY SECTION  
PO BOX 8486  
HARRISBURG, PA 17105-8486

August 27, 2013

STATEMENT OF CLAIM SUMMARY

NAME	
ID	

MEDICAL	USUAL CHARGES	AMT APPROVED
CLAIMS	18,470.94	1,877.12

CASH	PERIOD COVERED	DOLLAR AMOUNT
CURRENT SOC	--	.00

REIMBURSEMENT TO DPW	1,877.12
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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
EIN - 23-6003113

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

August 27, 2013

STATEMENT OF CLAIM

NAME ID	
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UPMC FOR YOU INC  
1 CHATHAM CTR  
  
PITTSBURGH PA 15219

DATE OF SERVICE	PAYMENT DATE	ORIGINAL CRN	ADJUSTED CRN	USUAL CHARGES	AMOUNT APPROVED
				46.74	22.17

PROVIDER SUB TOTAL	UPMC FOR YOU INC			46.74	22.17
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