

~~Ohio Department of Transportation~~
NOTIFICATION OF THIRD PARTY (TORT) REQUEST FOR RELEASE

In accordance with paragraph (A)(3) of rule 5101:3-26-09.1 of the Ohio Administrative Code, this form notifies the Ohio Department of Transportation, or its designated entity, of a request for release [~~As a result~~ /claim information for the purpose of filing a tort action was made by:

Attorney/Company	
Address	
Telephone Number	
Date of Accident/Incident	

On behalf of Medicaid recipient:

Last Name	
First Name	
CRIS-E Number	
Medicaid Billing Number	
MCP Enrollment Date	
MCP Disenrollment Date	

Submitted by:

MCP Name	Medicaid Provider Number
MCP/TORT Coordinator	Date

Ohio Tort Recovery Unit
 Health Management Systems
 350 Worthington Road, Suite G
 Columbus, Ohio 43082
 Phone: (888) 245-9019 Fax: (614) 242-1051