JOE LOMBARDO
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

ROBERT THOMPSON
Administrator

MEDICAL / INSURANCE SUBROGATION

HMS – NV Casualty Unit
PO BOX 844648
Los Angeles, CA 90084-4648

DATE: ______________________________

FROM: ______________________________ **Re:** ____
District Office | Case Name | Case No.

____ ____
Name of injured person if different from case name | Client or caretaker/guardian name/phone number

Form Completed: ☐ By Mail ☐ On Phone ☐ In Person

Please check appropriate box(es):

Client was injured while in the custody of a law enforcement agency ☐ YES ☐ NO

Agency Name: ______________________________

Agency Address: ______________________________

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The injury was job related ☐ YES ☐ NO

Client received or is receiving Workmen's Compensation ☐ YES ☐ NO

Date Began: ______________________________

Date Ended: ______________________________

Client has an injury that resulted from an accident which is NOT job related ☐ YES ☐ NO

Client has received or is currently receiving medical care for an accident/injury where the legal case has already been settled or all benefits have been expended/exhausted ☐ YES ☐ NO

ACCIDENT/INJURY INFORMATION

Date occurred ______________________ (Month, Day, Year) Approximate time ______________ (A.M./P.M.)

Address and location ______________________

How accident occurred ______________________

Other parties involved ______________________

Is your accident/injury case currently open? ☐ YES ☐ NO If NO, date case closed ______________

Was a settlement made? ☐ YES ☐ NO Date ______________ Sum ______________

	OTHER PARTY	APPLICANT
Name of Insured		
Insurance company		
Insurance company address		
Policy number, if available		
Attorney, if involved		
Attorney's address		
Attorney's phone number		

A copy of the accident report ☐ Is attached ☐ Will be forwarded, when available

☐ Is unavailable because ______________________

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.

Signature	Print Name	Title/Relationship	Date	Telephone Number