

FMCRA SOFTWARE

2010



Federal Medical Care Recovery Act Third Party Information Request Form

User ID:
Password:

Login

[Download User Guide](#)



Carla Despain is logged in.

22-Apr-02 08:45 AM

[Add Case](#)[Reports](#)[Log Off](#)**FMCRA Third Party Information Request Form**

Click on the HR Number of the case you wish to update or click 'Add Case' in the upper right-hand corner to add a new case. Click on the links in the "Last Update" column to view detailed update information about that health record.

Pending MR

Pending CHS

Pending BO

Pending OGC

The injured party name turns **RED** if the claim has been pending in that office for more than 10 days.

Listing of Active Cases:

HR Number	Injured Name	Inj. Date	IHS Facility	Create Date	Last Update
061	Hastings, William Wallace	03/06/2001	W. W. Hastings Indian Hospital	2002-04-04 15:11:14 by cdespain	2002-04-19 15:48:48 by cdespain
852	Brown, Mary	08/02/2001	Claremore Indian Hospital	2002-03-04 13:34:30 by cdespain	2002-04-04 13:34:30 by cdespain
795	Doe, John	03/01/2002	Pawnee Indian Health Center	2002-03-29 16:19:23 by mrogers	2002-03-29 16:19:23 by mrogers
234556	Atric, Jerry	03/05/2002	Claremore Indian Hospital	2002-04-04 12:49:26 by cdespain	2002-04-22 08:42:05 by cdespain

Cases are pending if the claim letter was sent out, but the case is still unresolved.
The injured party name turns **RED** if the claim has been pending for more than 30 days.

Listing of Pended Cases:

HR Number	Injured Name	Inj. Date	IHS Facility	Create Date	Last Update
2354	Hitme, Wally Marty	07/08/1999	Claremore Indian Hospital	2002-04-04 10:25:54 by cdespain	2002-04-11 08:57:13 by cdespain

Test Test Database is logged in.

01-Apr-04 03:14 PM

Detailed Update Information for Health Record # 1

Created 02/20/2004 by test00

Last Updated 02/20/2004 by test00

Medical Records update: n/a.

Contract Health Services Update: n/a.

Business Office Update: n/a.

View Complete Info

Injured Party Personal Information:		IHS Facility: Claremore Indian Hospital	
First Name:	Wally Marty	DOB (mm/dd/yyyy):	06/09/1954
Last Name:	Hitme	SSN:	123-45-6789
Address:	445 WM Way	Phone No:	
Address 2:		Health Rec No:	2354
City:	okc	State:	OK
		Zip:	654645

Injury information:	
Date of Incident/Loss:	07/08/1999
Single or Multi Car Accident?	Driver or Passenger?
Description of Incident: Wally was hit by the Wal Mart delivery truck as he was making his way through the 20 ft wide crosswalk in the front of the store with a cart full of merchandise. The 90-year-old Security Guard chased down the delivery truck in a golf cart with a yellow flashing light on the top.	

Name, address, phone of Attorney	
Attorney Name:	Armstrong, Poston & Lowe
Attorney Address:	1401 South Cheyenne
Attorney City:	Tulsa
Attorney Zip:	74119
Attorney Phone No:	
Address cont:	
Attorney State:	OK
Attorney Fax No:	(918) 583-1755

Name, address, phone of Insurance Claims Adjuster		Claim Number
Adjuster Name:		
Adjuster Address:		
Adjuster City:		
Adjuster Zip:		
Adjuster Phone No:		
Address cont:		
Adjuster State:	OK	
Adjuster Fax No:		

Investigating Official(s), Police, Management, Owner, etc. information						
Name	Addr1	Addr2	City	State	Zip	Phone #
Status Test Off				OK		

Name, phone, insurance information of other involved parties				
Other Party Name	Insurance Co.	Ins. Phone	Ins. Fax #	Ins. Policy #
Status OP Info	wetw	gsdg	sgsd	sdgs

Injury Related Inpatient Visits to Claremore Indian Hospital			
Admission Date	Discharge Date	Inpatient Days	IHS Amount
MM/DD/CCYY	MM/DD/CCYY		
03/10/2002	03/13/2002	3	\$15,000.00
03/15/2002	03/18/2002	3	\$15,000.00

03/10/2002	03/13/2002	3	\$15,000.00
03/15/2002	03/18/2002	3	\$15,000.00

Injury Related Outpatient Visits to Claremore Indian Hospital

Date of Outpatient IHS Visit MM/DD/CCYY	IHS Outpatient Fee
03/24/2002	\$500.00
03/16/2002	\$500.00

Contract Health Services Information

CHS Eligible: Yes

Injury Related Visits to Non-IHS Facility

Visit Date MM/DD/CCYY	Treating Facility/Physician	Amt Paid To-Date	Est./Actual
03/10/2002	First Hospital	\$500.00	Estimated
03/15/2002	Second Hospital	\$50.00	Actual

Business Office Information

Medicare/Medicaid Eligibility Information

Patient Medicaid Eligible at Time of Injury?	
Patient Medicare Eligible at Time of Injury?	
Did Patient Have Private Insurance at Time of Injury?	
Amount of Medicaid Payments Received:	\$0.00
Amount of Medicare Payments Received:	\$0.00
Amount of Private Insurance Payments Received:	\$0.00

File Edit View Favorites Tools Help

Address http://fmcra.oklahoma.ihs.gov/add_mr_form.cfm

Go Links >>

FMCRA Third Party Information Request Form

[Case List](#)[Add a New Case](#)[Log Off](#)

Medical Records Information

Enter Injured Party information and click 'Add Injured Party Information' below to add the information or 'Update Injured Party Information' to update information in the database. Upon completion, continue to the next section. *Please note that dates must be entered in MM/DD/CCYY format.*

Injured Party Personal Information:

IHS Facility:

Claremore Indian Hospital

First Name:	<input type="text"/>	DOB (mm/dd/yyyy):	<input type="text"/>
Last Name:	<input type="text"/>	SSN:	<input type="text"/>
Address:	<input type="text"/>	Phone #:	<input type="text"/>
Address 2:	<input type="text"/>	Health Rec No:	<input type="text"/>
City:	<input type="text"/>	State:	Oklahoma <input type="text"/>
		Zip:	<input type="text"/>

Injury information:

Date of Incident/Loss:	<input type="text"/>	Description of Incident:	<input type="text"/>
Single or Multi Car Accident?	Driver or Passenger?		
Single <input type="radio"/> Multi <input type="radio"/>	Driver <input type="radio"/> Passenger <input type="radio"/>		

Attorney Information:

New Attorney Name:

Name, address, phone of Insurance Claims Adjuster

Claim Number

Adjuster Name:	<input type="text"/>	Adjuster Phone #:	<input type="text"/>
Adjuster Address:	<input type="text"/>	Address cont:	<input type="text"/>
Adjuster City:	<input type="text"/>	Adjuster State:	Oklahoma <input type="text"/>
Adjuster Zip:	<input type="text"/>	Adjuster Fax #:	<input type="text"/>

Carla Despain is logged in.

22-Apr-02 09:02 AM

[Add Case](#)[Reports](#)[Log Off](#)**FMCRA Third Party Information Request Form**

Click on the HR Number of the case you wish to update or click 'Add Case' in the upper right-hand corner to add a new case. Click on the links in the "Last Update" column to view detailed update information about that health record.

Pending MR

Pending CHS

Pending BO

Pending OGC

The injured party name turns **RED** if the claim has been pending in that office for more than 10 days.

Listing of Active Cases:

HR Number	Injured Name	Inj. Date	IHS Facility	Create Date	Last Update
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Cases are pending if the claim letter was sent out, but the case is still unresolved.
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Date of Incident/Loss: 04/07/2004

Single or Multi Car
Accident?

Driver or Passenger?

Driver Passenger Single Multi

This was a motor vehicle accident on Route 3 near the old country school building. Mr. Smith hit a cow in the road while on his way to church. The cow belonged to Farmer Brown, who bought the cow 4 years ago from his neighbor, Farmer Jones.

Attorney Information:

Attorney Name #: Charles Byran Alred
Attorney 3242 East 30th Place
Address:

Attorney City: Tulsa

Attorney Zip: 74114

Attorney Phone:

Address cont:

Attorney State: OK

Attorney Fax: (918) 745-9965

To change the attorney, please choose from the list below:

New Attorney
Name:

Name, address, phone of Insurance Claims AdjusterClaim Number Adjuster Name: Adjuster Phone #: Adjuster Address: Address cont: Adjuster City: Adjuster State: Adjuster Zip: Adjuster Fax #: [Update Injured Party Information](#)[Delete Injured Party Information](#)[Add Investigating Official Info](#)[Add Other Party Information](#)[Add Inpatient Information](#)[Add Outpatient Information](#)[Add Contract Health Service Info](#)[Add Business Office Info](#)[Add OGC Information](#)

Carla Despain is logged in.

22-Apr-02 09:25 AM

[Case List](#)[Log Off](#)**FMCRA Third Party Information Request Form**[Add a New Case](#)**Medical Records Information**

Enter information and click 'Add Inpatient Facility Information' for all dates the injured party received inpatient care at Claremore Indian Hospital. All inpatient visits currently in the system for this case will be displayed. If any current information is incorrect, click on the admission date to edit or delete existing information.

Injury Related Inpatient Visits to Claremore Indian Hospital

Admission Date MM/DD/CCYY	Discharge Date MM/DD/CCYY	Inpatient Days	IHS Amount
03/15/2002	03/19/2002	4	\$6,284.00
<input type="text"/>	<input type="text"/>		
Total Inpatient Days In IHS Facility: 4			Total IHS Amount: \$6,284.00

[Add Inpatient Information](#)

Carla Despain is logged in.

22-Apr-02 09:29 AM

FMCRA Third Party Information Request Form

[Case List](#)[Add a New Case](#)[Log Off](#)**Contract Health Services Information**CHS Eligible: Yes No [Change Eligibility](#)

Enter information and click 'Add Non-IHS Information' for each date the injured party received care in a Non-IHS Facility. All non-IHS visits currently in the system for this case will be displayed. If any current information is incorrect, click on the visit date to edit or delete existing information. *Please note that dates must be entered in MM/DD/CCYY format.*

Injury Related Visits to Non-IHS Facility

Visit Date MM/DD/CCYY	Treating Facility/Physician	Amt Paid To-Date	Est./Actual
02/27/2002	Very Expensive Private Hosp	\$1,235.00	Actual
03/10/2002	Second Opinion Hospital	\$6,002.00	Actual
<input type="text"/>	<input type="text"/>	\$ <input type="text" value="0"/>	Est <input type="radio"/> Act <input type="radio"/>
Total Estimated Paid (Non-IHS): \$0.00		Total Actual Paid (Non-IHS): \$7,237.00	

[Add Non-IHS Information](#)

Carla Despain is logged in.

22-Apr-02 09:32 AM

FMCRA Third Party Information Request Form[Case List](#)[Add a New Case](#)[Log Off](#)**Business Office Information**

Enter information and click 'Add Business Office Info' to save changes.

Medicare/Medicaid Eligibility InformationPatient Medicaid Eligible at Time of Injury? Yes No Patient Medicare Eligible at Time of Injury? Yes No Did Patient Have Private Insurance at Time of Injury? Yes No **Section to Be Completed for Injury Related Visits ONLY**Amount of Medicaid Payments Received: \$ Amount of Medicare Payments Received: \$ Amount of Private Insurance Payments Received: \$ [Add/Edit Business Office Info](#)

Carla Despain is logged in.

22-Apr-02 08:45 AM

[Add Case](#)[Reports](#)[Log Off](#)**FMCRA Third Party Information Request Form**

Click on the HR Number of the case you wish to update or click 'Add Case' in the upper right-hand corner to add a new case. Click on the links in the "Last Update" column to view detailed update information about that health record.

Pending MR

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Pending BO

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FM CRA Third Party Information System

Reports and User Utilities

Available FM CRA Reports:

[Recoveries by Facility](#)

[Estimated Future Recoveries](#)

Available FM CRA User Utilities:

[Change Password](#)

Reports and User Utilities

Get a Recovery Report

Date ranges are optional. However, if you enter a beginning date, you must also enter an ending date.

Enter a Beginning Date:

Enter an Ending Date:

Carla Despain is logged in.

22-Apr-02 08:49 AM

Recoveries by Facility

Click on a facility for a list of cases that make up the total.

[Case List](#)

[Log Off](#)

Recovery Information by Facility			
Facility	Amount Requested	Amount Recovered	Recovery Percentage
Claremore Indian Hospital	\$14,589.00	\$14,452.00	99.06 %
W. W. Hastings Indian Hospital	\$7,500.00	\$6,000.00	80.00 %
Totals	\$22,089.00	\$20,452.00	92.59 %

FMCRRA Third Party Information System

Reports and User Utilities

Available FMCRRA Reports:

[Recoveries by Facility](#)

[Estimated Future Recoveries](#)

Available FMCRRA User Utilities:

[Change Password](#)

[Case List](#)[Log Off](#)

Estimated Future Recoveries by Facility

This table displays the total amount in Active and Pending Cases.

The recovery percentage is based on all past recoveries.

Total Estimated Recovery is calculated on the total dollar amount in active and pending cases multiplied by the recovery percentage.

Facility	Total Active Cases	Recovery Percentage	Total Estimated Recovery
Claremore Indian Hospital	\$81,046.51	76%	\$61,595.35

SECTION II

Information and Utilities available
only to the OGC
(Office of General Counsel)

Carla Despain is logged in.

22-Apr-02 09:34 AM

FMCRA Third Party Information Request Form

Update Case #123-589

- Case List
- Log Off

OGC Information

Enter information and click 'Update OGC Information' to save changes.

Click "Archive" to go to the Archive Menu.

Click "Alert" to go to the Alert Menu.

Click "Letters" to go to the Letters Menu.

Click "Attorney Table" to add an attorney to the Standard Attorney Table.

- Archive
- Alert
- Letters
- Attorney Table

Recovery Information

Claim Sent MM/DD/YYYY	Amount Claimed	Amount Recovered	Fiscal Year-to-Date Cumulative
<input type="text" value="04/19/2002"/>	\$ <input type="text" value="13717"/>	\$ <input type="text" value="10000"/>	\$20,452.00

Update OGC Information

Which letter for MICKEY MOUSE do you wish to generate?

Each letter below will become inactive when it is distributed.

[Notice of Claim](#)

[Notice Letter](#)

[Claim Letter for Attorney](#)

[Claim Letter for Insurance](#)

Partial Payment Letter for Attorney -- (You must first enter an "Amount Recovered" on the previous page before you can send this letter!)

Partial Payment Letter for Insurance Company -- (You must first enter an "Amount Recovered" on the previous page before you can send this letter!)

Release Letter for Attorney -- (You must first enter an "Amount Recovered" on the previous page before you can send this letter!)

Release Letter for Insurance -- (You must first enter an "Amount Recovered" on the previous page before you can send this letter!)

[Official Release for **NO INSURANCE COMPANY**](#)

[Official Release for a Party other than **NO INSURANCE COMPANY**](#)

[Followup Letter for Attorney](#)

[Followup Letter for Insurance Company](#)

[Response to Itemized Bill Request](#)

OR

Which previously-generated letter do you wish to view?

Each letter below will become active when it is distributed.

Notice of Claim

Notice Letter

Claim Letter for Attorney

Claim Letter for Insurance

Partial Payment Letter for Attorney

Partial Payment Letter for Insurance

Release Letter

Release Letter for Insurance

Official Release for **NO INSURANCE COMPANY**

Official Release for a Party Other than **NO INSURANCE COMPANY**

Followup Letter for Attorney

Followup Letter for Insurance Company

Response to Itemized Bill Request



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the
General Counsel

Region VI
1301 Young Street, Suite 1138
Dallas, Texas 75202

Apr 22, 2002

VIA FACSIMILE ONLY--2 pages
(918) 745-9965

Charles Byran Alred
3242 East 30th Place
Tulsa, OK 74114

Re: Third Party Claim--John Smith
Date of Accident--01/01/2001

Dear Charles Byran Alred:

We understand that you have been engaged to represent the above-named individual's claim for personal injuries sustained in the accident on the above date.

Public Law 87-693 (42 U.S.C. § § 2651-2653) provides that the United States shall be entitled to recover the reasonable value of the hospital and medical care and treatment furnished to an individual whose injury was caused under circumstances indicating a third party's liability to pay for damages. Please furnish the name and address of the negligent third party and his insurance carrier so that appropriate notice of our claim may be forwarded to them.

The Office of Management and Budget (OMB) establishes the rates applicable to recoveries under the statute. It should be noted that the government is entitled to recover both for treatment furnished in its own medical facilities as well as at government expense in non-government facilities. An itemized statement of the charges constituting our claim is hereby forwarded to you.

SIGNATURE IMAGE GOES HERE

New Person Name
New Person Title

Enclosures

The arrangement as outlined in this letter is acceptable to both me and my client. I agree to assert the Public Health Service's medical claim pursuant to the Federal Medical Care Recovery Act, 42 U.S.C. § §2651-2653.

Date

Attorney at Law



Click on the PDF icon above to display in PDF format. (It will load in its own window. Close the window when done.)

Was the notice letter sent?

Yes No

Update



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the
General Counsel

Region VI
1301 Young Street, Suite 1138
Dallas, Texas 75202

Apr 22, 2002

VIA FACSIMILE ONLY—2 pages
(918) 745-9965

Charles Byran Alred
3242 East 30th Place
Tulsa, OK 74114

Re: Third Party Claim—John Smith
Date of Accident—01/01/2001

Dear Charles Byran Alred:

We understand that you have been engaged to represent the above-named individual's claim for personal injuries sustained in the accident on the above date.

SIGNATURE IMAGE GOES HERE

New Person Name
New Person Title

Enclosures

The arrangement as outlined in this letter is acceptable to both me and my client. I agree to assert the Public Health Service's medical claim pursuant to the Federal Medical Care Recovery Act, 42 U.S.C. § §2651-2653.

Date

Attorney at Law



Click on the PDF icon above to display in PDF format. (It will load in its own window. Close the window when done.)

Was the notice letter sent?

Yes No

Update

Carla Despain is logged in.

22-Apr-02 09:47 AM

Which letter do you wish to generate?

Each letter below will become inactive when it is distributed.

[Notice Letter](#)

[Claim Letter](#)

[Release Letter](#) -- (You must first enter an "Amount Recovered" on the previous page before you can send this letter!)

OR

Which previously-generated letter do you wish to view?

Each letter below will become active when it is distributed.

[Notice Letter](#)

[Claim Letter](#) --Sent out on 04/19/2002 by cdespain

[Release Letter](#)

[Back to OGC Main Page](#)

File Edit View Favorites Tools Help

← Back → Search Favorites History

Address http://fmkra.oklahoma.ihs.gov/pdfs/claim_1.pdf Go Links >>

162%

Our claim under 42 U.S.C. § 2651 for the medical care and treatment furnished by or at the expense of the Public Health Service to the above-named individual, in accordance with rates established by the Office of Management and Budget, is itemized as follows:

Hospitalization in Government Facilities:

Claremore Indian Hospital: 4 days at \$1,571.00 per day = \$6,284.00
For days: 03/15/2002 – 03/19/2002

Outpatient Care in Government Facilities:

Claremore Indian Hospital: 1 visit at \$196.00 per day = \$196.00
For days: 03/22/2002

Medical Care at Government Expense in non-Government Facilities:
(at actual cost to Government; copies of paid bills enclosed, if available)

Very Expensive Private Hosp: \$1,235.00
Second Opinion Hospital: \$6,002.00

TOTAL CLAIM: \$13,717.00

Bookmarks
Thumbnails



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the
General Counsel

Region VI
1301 Young Street, Suite 1138
Dallas, Texas 75202

Apr 22, 2002

VIA FACSIMILE ONLY
(918) 745-9965

Charles Byran Alred
3242 East 30th Place
Tulsa, OK 74114

Re: Third Party Claim--John Smith
Date of Accident--01/01/2001

Dear Charles Byran Alred:

We have received a check in the amount of \$10,000.00, representing payment in full of the Public Health Service's medical claim relative to the above-referenced matter.

Enclosed is the Department's Release, along with a copy for your file, for distribution to the appropriate party.

Thank you for your courtesy and cooperation.

Sincerely yours,

Gayla Fuller

OGC Information

[Archive Current Case](#)

[View/Restore Single Case In Archive](#)

[View/Restore All Cases in Archive](#)

[Restore this Pending Case to Active Status](#)

[Back to OGC Information Page](#)

Carla Despain is logged in.

22-Apr-02 10:04 AM

Which Case do you wish to view in the Archive?

Health Record Number:

OR

Injured Last Name:

OR

Partial Last Name:

Carla Despain is logged in.

22-Apr-02 10:05 AM

FMCRA Third Party Information Archived Cases

To restore a case, click on the HR number.

Listing of Archived Cases:

HR Number	Injured Name	Inj. Date	IHS Facility	Create Date	Last Update
8961	Doe, Jane	03/01/2002	W. W. Hastings Indian Hospital	2002-04-09 00:00:00 by cdespain	2002-04-09 14:29:15 by cdespain
6	last name new form, test new form	03/05/2002	Claremore Indian Hospital	2002-03-18 16:09:00 by cdespain	2002-03-20 11:17:00 by cdespain
5	last three, firstthree	03/02/2002	Claremore Indian Hospital	2002-03-18 15:24:00 by cdespain	2002-03-29 16:28:39 by cdespain
50	test tues, test tues	03/02/2002	Claremore Indian Hospital	2002-03-19 09:51:00 by cdespain	2002-03-22 13:21:08 by cdespain

QUESTIONS

Sue Rollice, RHIA, CCS
Oklahoma Area FMCRA Coordinator
Oklahoma Area Deputy Business
Office Coordinator
Sue.rollice@ihs.gov

