

**TEXAS MEDICAID STATE RECOVERY PROGRAM (MERP)
AUTHORIZATION AND MERP CERTIFICATION**

FROM: Name: _____
 Company or Firm: _____
 Address: _____
 Phone Number: _____ Fax Number: _____

RE: Deceased Owner's Name: _____ Date of Death: _____
 Deceased Owner's Medical ID and/or Social Security Number: _____
 Complete Property Address: _____

Section 1 Authorization to Obtain MERP Claim Information <i>(To be Completed by Heirs/Beneficiaries or Estate Representative)</i>	
The undersigned heir/beneficiaries or Estate Representative of the Deceased owner are unable to certify that the estate of the Deceased owner is exempt or is not subject to a MERP claim, and hereby authorizes MERP to complete Section 2 of this form below and provide same or any other information related to a MERP claim against Deceased Owner to the requestor above.	
By: _____ (Signature)	By: _____ (Signature)
Printed Name: _____	Printed Name: _____

Section 2 CERTIFICATION BY MERP <i>(To be Completed by MERP)</i>		
<input type="checkbox"/>	_____ initial	Based on the Social Security Number provided, there is no pending MERP Claim against the Deceased Owner's estate.
<input type="checkbox"/>	_____ initial	There is a MERP Claim filed against the Deceased Owner's estate in the amount of \$_____, as evidenced by the attached document.
<input type="checkbox"/>	_____ initial	MERP intends to file a MERP claim against the Deceased Owner's estate in the amount of \$_____.

This is not a dismissal of any other claim the State may have against this estate. Estate representatives of deceased Medicaid recipients whose estates may include assets such as, but not limited to, qualified income trusts, other trusts, annuities, torts, or private insurance policies, should also check with the DADS' Third Party Recovery unit by calling:(512)438-2200, #4 to determine if the Department of Aging and Disability Services may have other claims on this estate.

TEXAS MERP REPRESENTATIVE	
Signature	Date
Printed Name	Title

FAX OR MAIL COMPLETED FORM TO: HMS- The Texas Medicaid Estate Recovery Contractor
 5615 High Point Drive, Suite 100
 Irving, Texas 75038
 PHONE: (800) 641-9356 **FAX: (214) 560-3918**