



Mobilitas General Insurance Company
PO Box 23180
Oakland, CA 94623-0180



000020 3176701 000 01 001

RAMOS INJURY FIRM LLC
10190 BANNOCK ST
STE 200
NORTHGLENN, CO 80260-6083



March 03, 2023

Re: Insured: HOPE HINKSON
Claim No.: 23-00-083609
Date of Loss: 02/23/2023
Your Client: Theodore James Angel

Dear Ramos Injury Firm LLC :

This letter acknowledges your representation of Theodore James Angel.

Client information needed

As you are the representative of Theodore James Angel, we need the following information from you:

- Have your client complete and return the enclosed Medicare/Health Insurance Information form to us within 15 days of receiving this letter.
- Copies of all relevant medical bills and records related to this claim.
- Name and address of your client's employer.
- Keep us apprised of the nature and extent of your client's injuries through the duration of his/her claim.

For delivery options, please refer to the "How to submit documents" section.

Other information

We have accepted responsibility for this loss. We received your policy information request for claim number 23-00-083609 on 02/27/2023, and noted that your submission did not comply with the requirements of Colorado Insurance Regulation 5-2-03. Specifically, the Colorado Division of Insurance is the registered agent for purposes of these requests and your request must be submitted directly to the Colorado DOI following its required procedures. The Colorado DOI issued Bulletin No. B-1.33, which provides guidance to claimants and their attorneys on how to request policy information under § 10-3-1117, C.R.S. Specific instructions, as well as the Bulletin and related request form, can be found at: <https://www.colorado.gov/pacific/dora/requests-automobile-insurance-liability-limits>. Please follow the process that has been established by the Colorado DOI for a response.

Medicare reporting requirements

Under the federal Medicare Secondary Payer law (MSP), Medicare is the secondary payer for services provided to a Medicare beneficiary in certain instances when the beneficiary is covered under other insurance. To facilitate proper coordination of benefits, the Medicare Secondary Payer law requires that we, as a liability insurer, report specific information about Medicare beneficiaries to the Centers for Medicare & Medicaid Services (CMS). Accordingly, we

ask that your client complete and return the enclosed Medicare/Health Insurance Information form. We need this information to determine if your client is a Medicare beneficiary so that we can report any required information to CMS. It is important that your client complete and return this form within 15 days of receiving this letter, even if Theodore James Angel is not a Medicare beneficiary.

Additional information on Medicare

In addition, please note that MSP law requires us to pay any Medicare liens. If your client is a Medicare beneficiary, we will work with CMS to promptly pay those liens before resolving your client's claim. As you may know, several courts have held that an attorney who receives a tort settlement or other primary payment on behalf of a Medicare beneficiary may be sued personally to recover those conditional payments. See *Humana Insurance Co. v. Paris Blank LLP*, 187 F.Supp. 3d 676 (E.E. Va 2016). Partnering with your office to resolve any outstanding liens will help protect your client and your office.

How to submit documents

Please send all correspondence, documents, and completed forms using one of the methods below, including the claim number on each document to expedite the processing of your claim.

- Email: claimdocs@mobilitasinsurance.com

Include claim number 23-00-083609 in the subject line exactly as it is written in this letter to ensure proper delivery.

- Fax: 877.285.7259

Provide a cover sheet and include your claim number 23-00-083609.

- Mail:
Mobilitas General Insurance Company
PO Box 23180
Oakland, CA 94623-0180

Include claim number 23-00-083609.

Mobilitas only keeps digital copies of submitted documents, therefore, please do not send us original documents, as we cannot keep or return them.

If you have any questions, you can contact us at the phone number listed under Your Claim Information box.

Sincerely,

Stephanie Atkinson

Stephanie Atkinson
Sr. Commercial/Specialty Casualty Specialist

For your protection, Colorado law requires the following statement to appear on this form:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

00020 3176701 000054 000107 0002/0004

This page is intentionally left blank

Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



Financial Services Group

April 6, 2010

The Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (See 42 U.S.C. 1395y(b)(7)&(b)(8))

Collection of Medicare Health Insurance Claim Numbers (HICNs), Social Security Numbers (SSNs) and Employer Identification Numbers (EINs) (Tax Identification Numbers) – ALERT

This ALERT is to advise that collection of HICNs, SSNs, or EINs for purposes of compliance with the reporting requirements under Section 111 of Public Law 100-173 is appropriate.

HICNs, SSNs, and EINs:

- The Medicare program uses the HICN to identify Medicare beneficiaries receiving healthcare services and to otherwise meet its administrative responsibilities to pay for health care and operate the Medicare program. In performance of these duties, Medicare is required to protect individual privacy and confidentiality in accordance with applicable laws, including the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The SSN is used as the basis for the Medicare HICN. While the HICN is required to identify a Medicare beneficiary, if the HICN is not available, some beneficiaries may also be identified by the SSN. Please note that the Centers for Medicare & Medicaid Services (CMS) has a longstanding practice of requesting HICNs or SSNs for coordination of benefit purposes.
- The EIN is the standard unique employer identifier. It appears on the employee's Federal Internal Revenue Service Form W-2 Wage and Tax Statement received from their employer. The Medicare program uses the EIN to identify businesses. The establishment of a standard for a unique employer identifier was published in the May 31, 2002, Federal register, with a compliance date of July 30, 2004.

A new Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers, third-party administrators (TPAs), and plan administrators or fiduciaries of self-insured/self-administered group health plans (GHPs) to report, as directed by the Secretary of the Department of Health and Human Services, information that the Secretary requires for purposes of coordination of benefits. The law also imposes this same requirement on liability



insurers (including self-insurers), no-fault insurers, and workers' compensation laws or plans. Two key elements that are required to be reported are HICNs (or SSNs) and EINs. In order for Medicare to properly coordinate Medicare payments with other insurance and/or workers' compensation benefits, Medicare relies on the collection of both the HICN (or SSN) and the EIN, as applicable.

As a subscriber (or spouse or family member of a subscriber) to a GHP arrangement, it is likely that your employer or insurer will ask for proof of your Medicare program coverage by asking for your Medicare HICN (or your SSN) to meet the requirements of P.L. 110-173 if this information is not already on file with your insurer. Similarly, individuals who receive ongoing reimbursement for medical care through no-fault insurance or workers' compensation or who receive a settlement, judgment, or award from liability insurance (including self-insurance), no-fault insurance, or workers' compensation will be asked to furnish information concerning whether or not they (or the injured party if the settlement, judgment or award is based on an injury to someone else) are Medicare beneficiaries and, if so, to provide their HICNs or SSNs. Employers, insurers, TPAs, etc., will be asked for EINs. To confirm that this ALERT is an official government document and for further information on the mandatory reporting requirements under this law, please visit <http://www.cms.gov> on the CMS website.

Medicare/Health Insurance Information

Following federal law, we are required to report all injured parties to Medicare, regardless of whether you're a Medicare recipient or not. Even if you know you're not a Medicare recipient and have other health insurance, the Federal government must tell us that you're not a Medicare recipient. Additionally, we need to obtain information regarding your current health insurance provider in order to process claim 23-00-083609 properly.

What you need to do

1. Complete and return this form to us within 15 days of the date above, even if you're not a Medicare recipient.
2. Provide a copy of any Medicare or health insurance cards.

For delivery options, please refer to the "How to submit documents" section.

More about Medicare reporting requirements

Under the Medicare Secondary Payer law, as amended by Section 111 of the Medicare, Medicaid & SCHIP Extension Act of 2007, we are required to (1) determine whether you are entitled to benefits under Medicare, and, if so (2) provide certain specified information, including your Social Security Number (SSN) or Medicare Claim Number (also referred to as the Health Insurance Claim Number or HICN), to the Centers for Medicare & Medicaid Services (CMS) to promote the proper coordination of benefits with Medicare. Accordingly, you are being asked to complete this form and return it to us within 15 days. For additional information from Medicare concerning this request for information, please refer to the enclosed CMS Medicare Reporting alert regarding the collection of SSN's and HICN's.

First name	Last name
Date of birth	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Medicare identification number (if applicable) <i>also known as HICN or Medicare Beneficiary Identifier</i>	
Are you enrolled in Medicare Part D prescription drug plan? If yes, please provide the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the provider	
Name of the plan	
Provider identification number	
Is your health insurance a Medicare Advantage Plan? If yes, please provide the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the provider	
Name of the plan	
Provider identification number	
Is your health insurance a medical plan provided by another government agency, such as Medicaid or Medi-Cal? If yes, please provide the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the provider	
Name of the plan	
Provider identification number	

Health insurance provider name (if applicable)	
Health insurance identification number	

This page is intentionally left blank