

Katie Beckett Unit
Executive Office of Health and Human Services
Hazard Building (Bldg 074) –74 West Road, Ground Level
Cranston, R.I. 02920

**INSTRUCTIONS FOR COMPLETION OF
MEDICAL, DENTAL, VISION AND PRESCRIPTION COVERAGE
THIRD PARTY LIABILITY (TPL) REPORTING FORM**

Purpose: This information is used to verify **all** of the health, dental, vision and prescription coverage(s) a child may have and for EOHHS to maintain current information in its records.

The Executive Office of Health and Human Services (EOHHS) policy requires the reporting of all changes to medical, dental, vision and prescription coverage(s) within 10 days of the change.

Please notify the Katie Beckett Unit within 10 days whenever any changes to these coverages occur, such as subscriber name, policy number, when coverage ends or when new coverage begins. The enclosed reporting form is double-sided to assist in reporting double coverage.

Additional copies of this reporting form are available under the Katie Beckett forms link at the Rhode Island Executive Office of Health and Human Services website: www.eohhs.ri.gov

Please include copies (front and back) of all health cards.

If additional information is required for the completion of these forms, please contact:

For initial applications:

If you child's last name begins with A-M please call Caridad Ramos at (401) 462-0760.

If you child's last name begins with N-Z please call Ann Murphy at (401) 462-0754.

For redeterminations:

Call Geraldine Anderson at (401) 462-0249