

Manual Referral Process

Tufts Health Plan is pleased to announce our new Subrogation and Third-Party Liability (TPL) Recovery program with The Rawlings Company LLC (Rawlings). Rawlings is recognized as the industry leader in the field of health insurance subrogation and reimbursement.

As part of the TPL program, Tufts Health Plan will receive information identifying potential recovery opportunities. It is important to send this information to Rawlings for the investigation process to begin.

If you receive a call or correspondence from:

- Member
- Attorney
- Property/Casualty Insurance Carrier
- Medical Provider

And they are asking questions regarding:

- Third party liability/other party liability
- Motor vehicle accidents (MVAs)
- Subrogation or reimbursement related to a lien for payments made by Tufts Health Plan
- Slip and fall or premises liability
- Workers' compensation

Then do any of the following:

- **Refer the individual to The Rawlings Company at 888.846.4512.** This is the toll-free number designated for Tufts Health Plan members/patients, in addition to their groups' members/patients.
- **Fax the correspondence to the attention of Manual File Coordinator at 502.753.7064.** Please indicate your company name, Tufts Health Plan, and the member's identification number on all correspondence.
- **Complete the manual referral form and email it to The Rawlings Company at manualfilecoordinator@rawlingscompany.com** through your secure email system.

Which departments receive this information?

- Claim and Overpayment Recoveries
- Member Services
- Legal Department
- Corporate Recoveries
- Workers' Compensation
- Medical and Pharmacy Claims

*When speaking with members/patients, please advise them to respond to The Rawlings Company regarding any investigation letter the member received.

**Third Party Liability/Workers' Compensation Manual Referral Form
Tufts Health Plan**

Please complete as many fields as possible and send by either faxing 502.753.7064 (Attn: Manual File Coordinator) or emailing Manualfilecoordinator@rawlingscompany.com.

Insured name:	Member ID:
Patient name:	Patient date of birth:
Insured address:	City/State/ZIP:
Insured phone number:	Date of accident:
Attorney name:	Attorney address and phone number:
Employer name (if workers' compensation only):	Employer phone number and address (if workers' compensation only):
Third party insurance (TPL) carrier (at-fault party)/workers compensation carrier:	Third party claim number/workers' compensation claim number:
TPL adjuster name:	TPL address and phone number:
First party insurance carrier (insured/member's auto insurance):	First party claim number:
Name of person completing this form:	Phone number of person completing this form:

Please attach copy of correspondence and/or claim information.