

AUTHORIZATION AND MERP* CERTIFICATION

*Texas Medicaid Estate Recovery Program

TO: Texas Medicaid Recovery Program (MERP)
c/o Health Management Systems
Attention: Mr. Jason W. Malmberg, Attorney
5615 High Point Drive, Suite 100
Irving, Texas 75038
PHONE: (214) 453-3057
FAX: (214) 560-3918

FROM: _____

Attorney for the Estate of _____
PHONE: (915) _____ FAX: (915) _____

DATE: _____

RE: Estate of _____, Deceased
Cause No. _____;
Pending in the Statutory Probate Court No. _____ of El Paso County, Texas
Social Security Number: _____

Section 1
AUTHORIZATION TO OBTAIN MERP CLAIM INFORMATION
(To Be Completed by Heirs/Beneficiaries or Estate Representative)

This is to advise that the undersigned attorney represents the above-referenced Estate and that I am assisting the in probating the Estate. The El Paso County Statutory Probate Court No. _____ and the Estate are requesting a statement from Medicaid that it will not be making a claim against the Estate. MERP is hereby authorized to complete Section 2 of this form below and return the form to the undersigned to be presented to the Court.

Printed Name/Attorney: _____

Section 2
CERTIFICATION BY MERP
(To Be Completed by MERP)

1. Based on the Social Security Number provided, no claim has been found at this time, there is no pending MERP Claim against the Deceased's estate, and the State of Texas does not intend to file a MERP Claimed against the Deceased's Estate.
2. There is a MERP Claim filed against the Deceased's estate in the amount of \$_____, as evidenced by the attached document.
3. MERP intends to file a MERP claim against the Deceased's estate in the amount of \$_____.

This is not a dismissal of any other claim the State may have against the Estate. Estate representatives of Deceased Medicaid recipients whose estate may include assets such as, but not limited to, qualified income trusts, other trusts, annuities, torts, or private insurance policies, should also check with 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:

By: _____

Name Printed: _____

Title: _____