



NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES
 60 CHARLES LINDBERGH BLVD
 UNIONDALE, NEW YORK 11553-3686

Medicaid and Public Assistance Lawsuit Lien Search form

eFax to (516) 576-3677 or email to Liensandrecovery@hhsnassaucountyny.us

Attention Liens and Recovery, Unit 1602

Gainwell (HMS) Case Number or CIN:

Plaintiff Name:	
Plaintiff Address:	
SSN:	
Date of Birth:	Date of Death (if applicable):

Courthouse:	Index Number:
Conference Date:	
Settlement Amount:	Settlement Date:

Date of Incident:
Injuries or send Bill of Particulars:

Type of Lien: (check one)	<input type="checkbox"/> Updated	<input type="checkbox"/> Final (settlement amount required)
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Attorney requesting Lien represents:	Plaintiff	Defendant
Attorney Name:		
Firm Name:		
Firm Address:	Telephone:	
	Fax:	
	Email:	

If the requesting Attorney represents the plaintiff, provide the Defendant's name, Defendant's attorney's name, address, and phone number. If the requesting Attorney represents the Defendant, provide the Plaintiff's name, Plaintiff's attorney's name, address, and phone number.

Provide the Name and Address of the **Insurance Company** insuring the Defendant. Include Insurance Company Claim/File.

Additional Information:	
Completed by:	Date: