

**Delacerda v. North Dakota Department of Human Services
Civil No. 1:08-cv-00046**

PROOF OF CLAIM FORM

You are eligible to receive a refund of a portion of the third-party settlement payment you remitted to the North Dakota Department of Human Services if:

1. You were a recipient of Medicaid;
2. From February 9, 2005 through February 13, 2009 you received a third-party settlement payment;
3. The settlement did not identify the amount allocated to medical care and services;
4. You or your attorney remitted a portion of the settlement to the North Dakota Department of Human Services;
5. The amount of the settlement remitted to the North Dakota Department of Human Services is more than 40% of the gross third-party settlement. The "gross third-party settlement" is the entire amount of the settlement received by the Medicaid recipient, before any deductions such as attorney's fees or a payment to the North Dakota Department of Human Services.

To receive a refund, you must fill out this claim form and return it to:

**North Dakota Department of Human Services
Attn: Galen Hanson
600 East Boulevard Avenue, Department 325
Bismarck, ND 58505-0250**

Your claim form must be postmarked no later than 60 days from the date the Notice of Class Action Settlement was mailed to you. That date is on the bottom, right-hand corner of the Notice of Class Action Settlement.

1. PERSONAL INFORMATION					
Last Name:		First:	Middle:	Suffix:	Other Names Used:
Social Security Number or Medicaid ID Number:				Date of Birth: / / Month Date Year	
Street address/PO Box:				Phone Numbers: () - Home () - Cell	
City:			State:		Zip Code:

2. THIRD-PARTY SETTLEMENT INFORMATION

Date of Your Injury:

Month / Date / Year

Amount of Your Gross Third-Party Settlement:

\$ _____

3. DOCUMENTATION

PROVIDE A COPY OF THE SETTLEMENT AGREEMENT, STIPULATION FOR SETTLEMENT, STIPULATION OF DISMISSAL, OR OTHER DOCUMENT EVIDENCING (1) THE DATE OF YOUR INJURY AND (2) THE AMOUNT OF YOUR GROSS THIRD-PARTY SETTLEMENT. (IF YOU DO NOT HAVE THIS DOCUMENTATION YOU MAY BE ABLE TO GET IT FROM THE ATTORNEY WHO REPRESENTED YOU).

YOUR CLAIM WILL NOT BE PROCESSED UNLESS YOU PROVIDE DOCUMENTATION OF THE GROSS THIRD-PARTY SETTLEMENT AND THE DATE OF INJURY.

4. CERTIFICATION

I STATE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE ENCLOSED DOCUMENT IS A TRUE AND CORRECT COPY OF THE DOCUMENT IT PURPORTS TO BE.

Signature

Date

5. SUBMITTING THE CLAIM

MAIL THE CLAIM FORM AND DOCUMENTATION TO:

North Dakota Department of Human Services
Attn: Galen Hanson
600 East Boulevard Avenue, Department 325
Bismarck, ND 58505-0250

You may wish to keep a copy of this form and the documentation for your records.

