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## NGHP Correspondence Cover Sheet

Beneficiary's Name \_\_\_\_\_

HIC#: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Case ID#: \_\_\_\_\_ (*can be found on Rights and Responsibilities letter*)

This cover sheet is for your use when mailing or faxing in correspondence to the MSPRC. Please retain a COPY of this cover sheet for any future correspondence. The information above will ensure accuracy when handling your case documentation.

Please indicate the type of correspondence you are submitting to the MSPRC to facilitate routing. Check all that apply:

- Check
- Settlement information
- Retainer agreement or other authorization documentation
- Other \_\_\_\_\_

**Note:** A Conditional Payment Letter is sent automatically, as soon as the information is available. Separate requests for initial Conditional Payment Amounts will not make Conditional Payment information available sooner.

In order to accurately associate claims to your case, please include a description of the injury. (i.e.: Knee, Physical Therapy, Slip and Fall, Lumbar Injury...)

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**Submit correspondence to the MSPRC address listed below:**

*Liability Insurance, No-Fault Insurance, Workers'  
Compensation:*

**MSPRC - NGHP**  
PO Box 138832  
Oklahoma City, OK 73113