



# Medical Services Questionnaire

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The Colorado Department of Health Care Policy & Financing recovers money from the at-fault parties when a Medicaid member has been involved in an accident or incident. When the Department has paid claims on behalf of a Medicaid member we are required by law to identify and to seek reimbursement from the responsible parties. The Medical Services Questionnaire form (MSQ) is used for this purpose.

## FAQ's

### 1. Will I lose my benefits if I don't return the form?

No, but you will automatically be sent the form on a regular basis until a response is received.

### 2. What if I received medical treatment but it was not caused by an accident?

In Sections 1 and 2, explain why the medical treatment on the Medical Service Date was not related to an accident.

### 3. What if there was an accident but no one else caused it?

Explain the circumstances of the accident in Sections 1 and 2 and return the form.

### 4. Is this a bill for the services received?

No.

### 5. What if I have questions?

You may call the number on the form.

### 6. Am I responsible for paying Medicaid back?

No, the person who caused your injuries is responsible for paying Medicaid back.

## Contact

State Healthcare  
P.O. Box 3100  
Denver, CO. 80202  
844-235-2387

