



# Oregon Medicaid Personal Injury Liens Unit (PIL)

Internet Based Web Form  
for Reporting Accidents or Incidents to PIL

July 2018

# Why did PIL move to an internet based reporting form?

- ▶ Paper forms are labor intensive for everyone.
- ▶ PIL has moved to a paperless environment and this will continue to reduce the amount of paper we receive.
- ▶ Paper forms were handwritten or typed and sent by email, fax or by regular mail leaving out key information which in turn took longer to process.
- ▶ PIL needed a more effective procedure to track and process referrals.



We were drowning in paper!

# Value of the online form

- ▶ Easy to access and complete.
- ▶ Uses drop down menus for many of the questions.
- ▶ Some fields are mandatory, which collects much needed information.
- ▶ Submitter can print summary page of their submission which can be saved on a computer or printed.
- ▶ Submitter gets an email with a confirmation number for tracking and confirms the form was received by PIL.
- ▶ It's quick and easy for PIL to locate the submission.
- ▶ Turn-around time for processing is faster.

# The Home Page

The screenshot shows the home page of the Oregon Personal Injury Liens (PIL) Accident or Incident Reporting System. The page has a green header with the Oregon.gov logo and the title 'Personal Injury Liens (PIL) Accident or Incident Reporting System'. The main content area is white with a blue patterned background. It contains a welcome message, a notice about browser requirements, a security warning, and a list of required information. Below this is a row of four green buttons labeled 'Client', 'Attorney', 'CCO', and 'Adjuster', each with an icon and a detailed description of when to use it. At the bottom, there is a note about printing or saving the form, a quick tip, and contact information for technical assistance.

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## Personal Injury Liens (PIL)

Accident or Incident Reporting System

This system is used to report an accident or incident that caused an injury to an individual who was covered by Medicaid/OHP.

**Notice:** You will need a current browser – such as Chrome, Mozilla Firefox, or Internet Explorer versions 9 or higher.

**Please note:** For security reasons, this form will timeout after 20 minutes of inactivity.

**It may be helpful to have the following information ready before completing this form:**

- Oregon Health ID / Medicaid ID number of the individual(s) involved in the accident or incident
- Date and location of the accident
- Date of birth of the injured individual(s)
- Insurance or attorney information (if applicable)

Client	Attorney	CCO	Adjuster
Choose this button if you are reporting for yourself or are acting on behalf of a Medicaid/OHP recipient as their relative, guardian, authorized representative, case worker, conservator, agent, or you have their Power of Attorney.	Choose this button if you are the Attorney or reporting for the Attorney who is representing the injured person and their dependants OR the attorney representing the Defendant (Tortfeasor).	Choose this button if you are reporting for a Coordinated Care Organization (CCO) and are requesting a lien assignment.	Choose this button if you are the Insurance Adjuster or reporting for the Insurance Adjuster who is representing the injured person and/or their dependants or the person responsible for the accident/injury.

**Note:** You will have an opportunity to **print or save** a copy of your submission after submitting this form.

**Quick tip:** Selecting a Submitter type above will allow you to continue to the next step.

If you need technical assistance or have any questions about this form, please contact OPAR Personal Injury Liens Unit at 503-378-4514 or 800-377-3841.

Office of Financial Management and Reporting - Accessibility - Privacy Policy

The URL is EASY to remember:

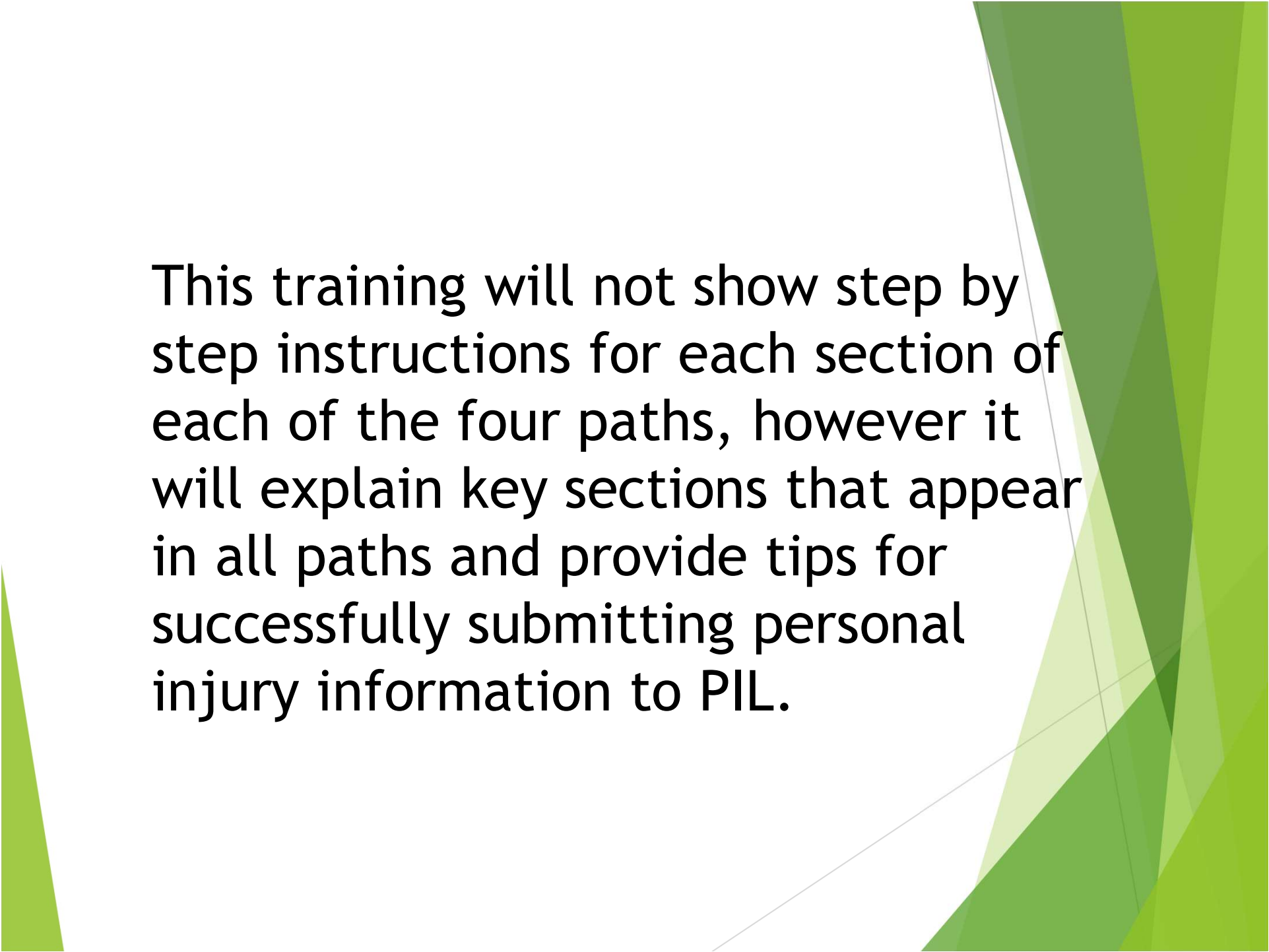
[www.reportinjury.org](http://www.reportinjury.org)

# The PIL web form is very robust that is customized for each submitter type

It has been designed to collect information differently depending on the relationship the submitter has with the injured person.

This means a Client, an Attorney, an Insurance Adjuster or a Coordinated Care Organization will each have a different user experience.

It's important the submitter select the right Path (green button) before they begin.

The slide features a white background with several decorative green geometric shapes. On the left, there is a small green triangle pointing upwards. On the right, there is a large, complex shape composed of overlapping translucent green polygons in various shades, creating a layered effect. A thin white line extends from the bottom left towards the right, passing behind the large green shape.

This training will not show step by step instructions for each section of each of the four paths, however it will explain key sections that appear in all paths and provide tips for successfully submitting personal injury information to PIL.

# The first step is to select a green button that best fits the Submitter

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## Personal Injury Liens (PIL) Accident or Incident Reporting System





This system is used to report an accident or incident that caused an injury to an individual who was covered by Medicaid/OHP.

**Notice:** You will need a current browser – such as Chrome, Mozilla Firefox, or Internet Explorer versions 9 or higher.

**Please note:** For security reasons, this form will timeout after 20 minutes of inactivity.

**It may be helpful to have the following information ready before completing this form:**

- Oregon Health ID / Medicaid ID number of the individual(s) involved in the accident or incident
- Date and location of the accident
- Date of birth of the injured individual(s)
- Insurance or attorney information (if applicable)

 Client	 Attorney	 CCO	 Adjuster
---	---	--	---

Choose this button if you are reporting for yourself or are acting on behalf of a Medicaid/OHP recipient as their relative, guardian, authorized representative, case worker, conservator, agent, or you have their Power of Attorney.

Choose this button if you are the Attorney or reporting for the Attorney who is representing the injured person and their dependants OR the attorney representing the Defendant (Tortfeasor).

Choose this button if you are reporting for a Coordinated Care Organization (CCO) and are requesting a lien assignment.

Choose this button if you are the Insurance Adjuster or reporting for the Insurance Adjuster who is representing the injured person and/or their dependants or the person responsible for the accident/injury.

**Note:** You will have an opportunity to **print** or **save** a copy of your submission after submitting this form.

**Quick tip:** Selecting a Submitter type above will allow you to continue to the next step.

If you need technical assistance or have any questions about this form, please contact OPAR Personal Injury Liens Unit at 503-378-4514 or 800-377-3841.

- Select **Client** - if you are representing a Medicaid recipient
- Select **Attorney** - if you are representing a client or tortfeasor
- Select **CCO** - if you are a Coordinated Care Organization
- Select **Adjuster** - if you work for an insurance company

Each of the four paths requires information about the submitter. The submitter step may have slight variations depending on the submitter type. For example, PIL only asks for the name of a CCO on the CCO path.

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Personal Injury Liens (PIL)  
Accident or Incident Reporting System

### Submitter Contact Information

What you need to know about reporting as "Client". This option is for a client or their representative. The Submitter does not have to be the client or the injured person but they are the person we will contact if we have questions. They also receive the confirmation email when this form is submitted.

**Steps**

1. Submitter Info
2. Injured Person
3. Responsible Party
4. Accident Info
5. Docs & Comments
6. Review & Submit

First Name \*  Middle Initial  Last Name \*

Phone Number \*  Extension

Email Address \*  Your Relationship to the Injured Person \*

Why do we need your email address?

If you need technical assistance or have any questions about this form, please contact OPAR Personal Injury Liens Unit at 503-378-4514 or 800-377-3441

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All paths contain a combination of mandatory and optional fields. Mandatory fields ensure PIL receives necessary information to process your request timely.

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### Submitter Contact Information

What you need to know about reporting as "Client". This option is for a client or their representative. The Submitter does not have to be the client or the injured person but they are the person we will contact if we have questions. They also receive the confirmation email after this form is submitted.

**Steps**

1. Submitter Info
2. Injured Person
3. Responsible Party
4. Accident Info
5. Docs & Comments
6. Review & Submit

**First Name \***  **Middle Initial**  **Last Name \***

First Name is required. Last Name is required.

**Phone Number \***  **Extension**

Phone Number is required.

**Email Address \***  **Your Relationship to the Injured Person \***

Email Address is required. Relationship to Injured Person is required.

[Why do we need your email address?](#)

Note: The **mandatory** fields are marked with an asterisk and highlight in **red** if left blank. The mandatory fields have to be completed before the user can go to the next step.

The **Client Path** asks two questions at the beginning.  
1) Was anyone injured? 2) Did the client receive a letter from PIL?  
The answer to these questions determine what additional information is needed.

The screenshot shows the Oregon Department of Human Services (ODHS) Personal Injury Liens (PIL) Accident or Incident Reporting System. The page title is "Personal Injury Liens (PIL) Accident or Incident Reporting System". The main heading is "Provide information about medical attention". Below this, there is a paragraph: "You may have received a letter from the Oregon Department of Human Services, Personal Injury Liens Unit or may have been instructed by a DHS/DHA worker to contact us regarding an accident or incident. Please answer the following questions about the accident or incident." There are two red-bordered boxes around the first two questions. The first question is "Did you, or the person you are assisting with this form, seek medical attention? \*". Below it is a dropdown menu with "Please select..." and a downward arrow. The second question is "Did you, or the person you are assisting with this form, receive a letter from the Department of Human Services, Personal Injury Liens Unit regarding an accident or incident? \*". Below it is a dropdown menu with "Please select..." and a downward arrow. To the right of the questions is a "Steps" sidebar with a list: 1. Submitter Info, 2. Injured Person, 3. Responsible Party, 4. Accident Info, 5. Docs & Comments, 6. Review & Submit. At the bottom of the form are "Previous" and "Next" buttons. At the very bottom, there is a footer: "If you need technical assistance or have any questions about this form, please contact OPAR Personal Injury Liens Unit at 503-378-4514 or 800-377-3841."

After selecting an option in the drop down box click **Next** and proceed to the next step.

# Every path collects information about the Injured Person(s)

**Primary Injured Person**

Please tell us about the primary injured person. A primary injured person is someone who received medical attention and is the adult in a household who was covered by Medicaid/OHP at the time of the accident or incident. If no adult sought medical attention but one or more children in the household were injured and received medical attention, enter any of the injured children as primary. Do not report any individuals in the household who are not covered by Medicaid/OHP. You will be able to add additional injured persons in the next step.

**Note:** A separate form (submission) is required for anyone who is not on the same Medicaid/OHP case.

If the Submitted is an injured person, click here to copy and paste their information into this section.

First Name \* Middle Initial Last Name \*

Address or PO Box \* Address 2

City \* State \* ZIP Code \*

Phone Number Extension Email Address

Oregon Health ID / Medicaid ID number \* Date of Birth \* Social Security Number (SSN)

Where do I find the ID number? Why do we need the information?

If this was a motor vehicle accident (MVA) was this person the driver, a passenger, a pedestrian or other? If this was not a MVA, select "Not a Motor Vehicle Accident" in the dropdown.

Please select...

**Steps**

1. Submission Info
2. Injured Person \*
3. Responsible Party
4. Accident Info
5. Date & Comments
6. Review & Submit

**About the Primary Injured Person:** If an adult is the only person injured – list them as Primary. If an adult and one or more children are injured in the same accident or incident, list the adult as Primary and add the children in the step for **Additional Injured** people. If no adult is injured but one or more children were injured you can list one of the children as Primary and any other children in the **Additional Injured** step.

# Every path collects insurance information

The screenshot shows a web form titled "Insurance Information for the Primary Injured Person". The form is part of a larger application, as indicated by the "Oregon.gov" logo in the top left corner. The form is divided into several sections:

- Insurance:** A section with a dropdown menu for "Where do I list the ID number?" and a "Please select" dropdown.
- Claim Information:** A section with a dropdown menu for "Does this person intend to make a claim for injuries against another individual, business or government?".
- Insurance Information for the Primary Injured Person:** A section with a red border. It contains a table with columns for "Company", "Policy Number", "Claim Number", and "Actions". There is an "Add Insurance" button above the table.
- Attorney Information for the Primary Injured Person:** A section with a table for "Attorney Name", "Firm Name", and "Actions". There is an "Add Attorney" button above the table.

At the bottom of the form, there are "Previous" and "Next" buttons. A mouse cursor is visible over the "Add Insurance" button.

Note: When a Medicaid client is injured in an accident or incident and the person's injuries are covered by other insurance, the state is required to recover any money the state paid for that injury. The insurance sections of all paths are where the insurance needs to be reported. The form tells you the types of insurance to add.

When you click the **Add Insurance** button a new window (modal) will open.

Sometimes the form will ask for the injured person's own insurance and sometimes the form will ask for the insurance for the party responsible for the accident or incident.

Follow the instructions in each section of each path. They give guidance on who's insurance PIL is asking for.

### Insurance Information

Provide details for the insurance company, insurance policy, and insurance adjuster.

#### Insurance Company Information

Provide the name and address of the insurance company.

**Insurance Company Name \***

  
**Address or PO Box**  **Address 2**   
**City**  **State**  **Zip Code** 

#### Insurance Policy Information

Provide the insurance policy information, including the name and contact information of the policyholder (person or business who owns the insurance policy).

**Insurance Coverage Type**

  
**Policy Number**  **Claim Number, if applicable**   
**First Name**  **Middle Initial**  **Last Name**   
**Business or Government Name, if applicable**   
**Address or PO Box**  **Address 2**   
**City**  **State**  **Zip Code**   
**Phone Number**  **Extension**  **Email Address** 

#### Insurance Adjuster Information

Provide the name and contact information for the insurance adjuster, if available.

**First Name**  **Middle Initial**  **Last Name**   
**Phone Number**  **Extension**  **Email Address**   
**Fax Number**

# Every Path collects Attorney information

The screenshot shows a web form for a claim. The 'Attorney Information for the Primary Injured Person' section is highlighted with a red box. It includes a table with columns for 'Attorney Name', 'Firm Name', and 'Actions'. There is an 'Add Attorney' button above the table. The form also includes sections for 'Claim Information' and 'Insurance Information for the Primary Injured Person'.

Attorney Name	Firm Name	Actions
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**Note:** Sometimes an injured person will retain an attorney to represent them in an action against the party that may be responsible for the accident or incident. There may also be times when the party responsible for the accident or incident will also hire an attorney to represent them. The instructions in each section provide guidance on who's attorney you should report.

When you click the **Add Attorney** button a new window (modal) will open.

Sometimes the form will ask for the injured person's attorney and sometimes the form will ask for the attorney for the person that may be responsible for the accident or incident.

Follow the instructions in each section of each path. The instructions provide guidance on who's attorney PIL is asking for.

The image shows a modal window titled "Attorney Information" with a dark green header. Below the header, the text "Provide name and contact information for the attorney or law firm." is displayed. The form itself is titled "Attorney Information" and contains the following fields:

- Firm Name:** A single-line text input field.
- First Name \*:** A single-line text input field.
- Middle Initial:** A single-line text input field.
- Last Name \*:** A single-line text input field.
- Address or PO Box:** A single-line text input field.
- Address 2:** A single-line text input field.
- City:** A single-line text input field.
- State:** A dropdown menu with the text "Please select..." and a downward arrow.
- Zip Code:** A single-line text input field.
- Phone Number:** A single-line text input field containing the value "123-456-7890".
- Extension:** A single-line text input field.
- Email Address:** A single-line text input field.
- Fax Number:** A single-line text input field containing the value "123-456-7890".

At the bottom right of the form, there are two buttons: "Cancel" and "Add".



# The Injured Person(s) Dashboard

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## Personal Injury Liens (PIL)

Accident or Incident Reporting System

### Injured Person(s)

Please add other person(s) in the household who were injured in the accident or incident and are on the same Medicaid/OHP case. You can add as many injured people as needed. They just need to be in the same household and are on the same Medicaid/OHP case. If there are other injured people who are not in the same household or on the same Medicaid/OHP case, please report them on a separate form.

[+ Add an Injured Person](#)

Name	Relationship	Oregon Health ID	Actions
Jane Doe	(Primary)	12345678	<a href="#">Edit</a>

[Previous](#) [Next](#)

**Steps**

1. Submitter Info ✓
2. **Injured Person** ←
3. Responsible Party
4. Accident Info
5. Docs & Comments
6. Review & Submit

If you need technical assistance or have any questions about this form, please contact OPAR Personal Injury Liens Unit at 503-379-4514 or 800-377-3841.

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The dashboard collects everyone that is on the same Medicaid case that were injured in the same accident or incident. Use the **Add an Injured Person** button to add more people. If only one person was injured, click **Next** to move to the next step. You can make edits to the Primary Injured Person by clicking the **Edit** button.



# Add Additional Injured Person

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## Personal Injury Liens (PIL) Accident or Incident Reporting System

### Additional Injured Person

Please tell us about the injured person. The person you are reporting must have been injured in the same accident or incident and are on the same Medicaid/OHP case as the Primary Injured Person.

Steps

1. Submitter Info
2. Injured Person
3. Responsible Party
4. Accident Info
5. Docs & Comments
6. Review & Submit

First Name \* Middle Initial Last Name \*

Address or PO Box Address 2

City State Zip Code

Phone Number Extension Email Address

Oregon Health ID / Medicaid ID Number \* Date of Birth \* Social Security Number (SSN)

[Where do I find the ID number?](#) [Why do we need this information?](#)

How is this person related to the Primary Injured Person that you added in this form? \*

If this was a motor vehicle accident (MVA) was this person the driver, a passenger, a pedestrian or other? If this was not a MVA, select "Not a Motor Vehicle Accident" in the dropdown. \*

This section asks for information about additional injured persons. It asks how the additional person is related to the Primary Injured Person and their insurance and attorney information.

# Add information about the Responsible Party

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## Personal Injury Liens (PIL)

Accident or Incident Reporting System

### Responsible Party

Please add responsible parties that may be legally responsible for the accident or incident. You can add as many responsible parties as needed.

[+ Add Responsible Party](#)

Type	Name	Actions
		<a href="#">Previous</a> <a href="#">Next</a>

**Steps**

1. Submitter Info ✓
2. Injured Person ✓
3. **Responsible Party** ←
4. Accident Info
5. Docs & Comments
6. Review & Submit

If you need technical assistance or have any questions about this form, please contact OPAR Personal Injury Liens Unit at 503-378-4514 or 800-377-3841.

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If another person, a business or a government may be responsible for the accident or incident, it should be reported in the **Responsible Party** section. If the submitter knows who the responsible party may be, they can add them by clicking the **Add Responsible Party** button.

# Add the Responsible Party by selecting an option from the drop down box

The screenshot displays the 'Responsible Party' section of the Oregon Accident or Incident Reporting System. A red box highlights the 'Select Responsible Party Type' dropdown menu, which is currently open and showing options: 'Please select...', 'Individual', 'Business or Government', and 'Other'. Below the dropdown, there are sections for 'Insurance Information for the Responsible Party' and 'Attorney Information for the Responsible Party', each with an 'Add' button. A 'Steps' sidebar on the right indicates the current step in the process.

**Responsible Party**  
Provide information about the party that may be legally liable to pay the medical expenses associated with the accident or incident. If the responsible party is the primary injured person or is unknown, please select "Other" and explain.

Select Responsible Party Type \*

- Please select...
- Individual
- Business or Government
- Other

**Insurance Information for the Responsible Party**  
Please enter insurance that may cover injuries related to this accident or incident. This includes motor vehicle, uninsured and underinsured motorist, PIP (Personal Injury Protection), Workers' Compensation, commercial liability, business liability and casualty insurance. Do not enter Medicaid/OHP coverage or a Medicaid Coordinated Care Organization (CCO).

+ Add Insurance

Company	Policy Number	Claim Number	Actions
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**Attorney Information for the Responsible Party**  
If the responsible party person is represented by an attorney, please enter the attorney information.

+ Add Attorney

Attorney Name	Firm Name	Actions
---------------	-----------	---------

Cancel Add

**Steps**

1. Submitter Info ✓
2. Injured Person ✓
3. Responsible Party ←
4. Accident Info
5. Docs & Comments
6. Review & Submit

After you select an option, additional fields will open where you can enter Responsible Party contact information, insurance and attorney information.

## The Accident or Incident

In this section PIL asks for information about the accident or incident.

**Note:** This view is for the Client Path. The other three paths ask for less information about the accident or incident.

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### Personal Injury Liens (PIL)

Accident or Incident Reporting System

#### Accident or Incident Information

Please tell us about the accident or incident that caused the injury.

**Accident or Incident Information**

Date of Accident \*

Type of Accident \*

Describe the Accident or Incident \*

**Location of Accident**

Address or Approximate Location

City \*

State \*

Zip Code

**Injuries**

Briefly describe the injuries. If you are reporting multiple injured people, enter EACH person's name separately and list their injuries. \*

Example: John Jones, broken arm. Mary Jones, whiplash.

Did this accident or incident happen while working? \*

**Citations**

Did a law enforcement officer issue a ticket or citation? \*

**Steps**

1. Submitter Info
2. Injured Person
3. Responsible Party
4. Accident Info
5. Docs & Comments
6. Review & Submit

If you need technical assistance or have any questions about this form, please contact OPAR Personal Injury Liens Unit at 503-378-4514 or 800-377-3541.

# You are almost done!

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## Personal Injury Liens (PIL)

Accident or Incident Reporting System

### Provide Documentation and Comments

You can provide any additional information in the comments section. You can also upload any documents you would like to submit. For example, a police report, citation or other documents related to the accident or incident.

#### Upload Documentation

Upload any documents related to this injury or incident that you want to include. Examples of what you can send us are copies of police reports or the incident report from a business.

**Document Category**  
Please select...

**Select File**  
Browse...

Acceptable file formats are .DOC, .DOCX, .PDF, .JPG, .JPEG, .TIF, or .PNG. Max file size is 2 MB.

Upload Document

Document Name	Category	Actions
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#### Provide Comments

Use this space for any information you would like to include (optional).

Previous Next

If you need technical assistance or have any questions about this form, please contact OPAR Personal Injury Liens Unit at 503-378-4514 or 800-377-3841.

OPAR - Oregon Department of Revenue - Personal Injury Liens - Online Reporting System

In this section you can upload documents such as a release of information authorization or additional comments.

## Review and edit your entries

Before you submit the form, you have the opportunity to review what you've entered and make any corrections necessary.

If you find something you would like to add or correct, click **Edit**.

Shown here is a partial view. The review page will show all of your entries.

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### Personal Injury Liens (PIL) Accident or Incident Reporting System

Please review your information before submitting  
Check all details, select **Edit** to make changes to any section/entry. When ready, select **Continue**.

#### Submitter Information

**Edit**

Steps

1. Submitter Info ✓
2. Injured Person ✓
3. Responsible Party ✓
4. Accident Info ✓
5. Docs & Comments ✓
6. Review & Submit ✓

#### Contact Information

First Name Jane  
Middle Initial  
Last Name Doe  
Phone Number 555-555-5555  
Extension  
Email Address carolyn.thibbes@state.or.us  
Your Relationship to the Injured Person Child, Parent, Spouse

#### Medical Attention

Did you, or the person you assisting with this form, seek medical attention? Yes  
Did you receive a letter from the Department of Human Services, Personal Injury Liens Unit regarding an accident or incident? Yes

#### Primary Injured Person

**Edit**

First Name Jane  
Middle Initial  
Last Name Doe  
Address or PO Box 170 D Street  
Address 2  
City Salem  
State Oregon  
Zip Code 97301  
Phone Number 555-555-5555  
Extension  
Email Address carolyn.thibbes@state.or.us  
Oregon Health ID / Medicaid ID Number AB123456  
Date of Birth 6/1/2004  
Social Security Number (SSN)  
How is this person related to the Primary Injured Person that you added in this form? (Primary)  
If this was a motor vehicle accident (MVA) was this person the driver, a passenger, a pedestrian or other? Passenger

#### Claim Information

Does this person intend to make a claim for injuries against another individual, business or government? Undecided

# Time to Submit!

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**Citations**

Did a law enforcement officer issue a ticket or citation? Unknown

What violation(s) was/were listed on the ticket or citation?

Enter the name of the person(s) who got the ticket, if known.

**Documents & Comments** Edit

**Documents**

Document Name	Document Type
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**Comments**

None

**Electronic Signature**

Oregon law requires a Medicaid/OHP recipient or the individual's attorney to give notice of any claim against another person or entity that may be liable for the injury, including their name and address.

By checking this box, I acknowledge that I have read the statement above. \*

Previous Continue

If you need technical assistance or have any questions about this form, please contact OPAR Personal Injury Liens Unit at 503-378-4514 or 800-377-3841.

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At the bottom of the review page, click the acknowledgement box.



# Warning Message

The screenshot shows a web form with a modal dialog box titled "Submission Warning". The form has several sections: "Citations" with input fields for law enforcement officer issues, violations, and names; "Documents & Comments" with an "Edit" button; "Documents" with a table for Document Name and Document Type; "Comments" with a "None" entry; and "Electronic Signature" with a checkbox and a statement. At the bottom of the form are "Previous" and "Continue" buttons. The modal dialog box contains the following text: "Please note that once you click 'Sign & Submit' you will not be able to retrieve the form for editing. After submitting you will have an opportunity to print or save your submission information." and two buttons: "Cancel" and "Sign & Submit".

**Submission Warning**

Please note that once you click "Sign & Submit" you will not be able to retrieve the form for editing.  
After submitting you will have an opportunity to print or save your submission information.

Cancel Sign & Submit

**Citations**

Did a law enforcement officer issue a citation?

What violation(s) was/were listed on the citation?

Enter the name of the person(s) who issued the citation?

**Documents & Comments** Edit

**Documents**

Document Name	Document Type
---------------	---------------

**Comments**

None

**Electronic Signature**

Oregon law requires a Medicaid/OHP recipient or the individual's attorney to give notice of any claim against another person or entity that may be liable for the injury, including their name and address.

By checking this box, I acknowledge that I have read the statement above. \*

Previous Continue

If you need technical assistance or have any questions about this form, please contact OPAR Personal Injury Liens Unit at 503-378-4514 or 800-333-3333.

Office of Payment Accuracy and Recovery Accessibility Privacy Policy

**IMPORTANT:** Once you click the **Sign and Submit** button you cannot retract or modify your submission. If you need to make corrections, click **Cancel** and make your edits and then submit.



# You have successfully submitted!

The screenshot shows the Oregon.gov website header with the text 'OREGON.GOV' and 'Personal Injury Liens (PIL) Accident or Incident Reporting System'. A green checkmark icon is centered above the text 'Thank you!'. Below this, it states 'Your submission has been received. You will receive a confirmation email shortly.' A red box highlights the confirmation details: 'Confirmation Number: PIL427' and '6/25/2018 12:39:08 PM'. Below this, it says 'Click the Print or Save button below if you wish to keep a detailed summary of your submission.' A red box highlights a blue button labeled 'Print or Save' with a printer icon. Below the button, a red box contains the text: 'Please Note: You will not be able to print or save the detailed summary after you leave this page.' The section is titled 'Important Information' and contains two paragraphs of text. The first paragraph states that if all required information was included, it meets requirements to notify DHS and OHA, and advises not to mail or fax the same information. The second paragraph provides contact information for the Personal Injury Liens Unit (PIL) at 503-378-4514 (local calls) or 1-800-377-3841 (toll free), and also mentions email contact at [personal.injury@state.or.us](mailto:personal.injury@state.or.us). Below this, it asks 'What would you like to do next?' and a red box highlights three blue buttons: 'I am finished. Exit this form', 'Start a new submission, using the same contact information', and 'Start a new submission, with new contact information'.

## Thing to know about this page:

1. It shows the date, time and confirmation number
2. You can print or save your submission
3. It gives you three choices of what you can do next
4. **Once you leave this page, you can not go back to it**

The submitter will receive a confirmation email shortly after submitting the form. The email will contain a confirmation ID. The confirmation ID can be used to track your submission. Below is an example of the confirmation email.

Your Personal Injury Liens (PIL) Accident/Incident Notification has been successfully submitted.

Oregon Health ID / Medicaid ID associated with this request: AB123456

Your confirmation number is: PIL427

\*\*\* Important information \*\*\*

If all of the required information was included in your submission, it meets notification requirements to DHS|OHA.

\*\*\* Please do not mail or fax the same information to DHS|OHA. \*\*\*

This is a system generated email that does not accept replies.

Submissions are processed in the order they are received. Please allow seven to ten business days for your submission to be processed. If you have questions or require a status update, please contact PIL at 503-378-4514 (local calls) or 800-377-3841 (toll free). You can also contact PIL by email at [personal.injury@state.or.us](mailto:personal.injury@state.or.us). When contacting us, please include your confirmation number.

Thank you,

Personal Injury Liens Unit

# Resources

For questions about reporting requirements or help completing the form, contact:

- Personal Injury Liens Unit  
Email: [personal.injury@dhsosha.state.or.us](mailto:personal.injury@dhsosha.state.or.us)  
Phone: 503-378-4514 or 1-800-377-3841

For technical issues with the form, contact:

- Barbara Key, Office of Payment Accuracy and Recovery  
Email: [barbara.key@state.or.us](mailto:barbara.key@state.or.us)