

**TEXAS MEDICAID ESTATE RECOVERY PROGRAM (MERP)
AUTHORIZATION AND MERP CERTIFICATION**

FROM: Name: _____

Company/Firm: _____

Address: _____

Phone Number: _____ **Fax #/Email:** _____

RE: Deceased Owner's Name: _____ **Date of Death:** _____

Deceased Owner's Medicaid ID and/or Social Security Number: _____

Complete Property Address: _____

**SECTION 1:
Authorization to Obtain MERP Claim Information
(To be Completed by Heirs/Beneficiaries or Estate Representative)**

The undersigned heir/beneficiaries or Estate Representative of the Deceased Owner are unable to certify that the estate of the Deceased Owner is exempt or is not subject to a MERP claim, and hereby authorizes MERP to complete Section 2 of this form below and provide same or any other information related to a MERP claim against Deceased Owner to the requestor above.

By: _____
(Signature)

By: _____
(Signature)

Printed Name: _____

Printed Name: _____

**SECTION 2
CERTIFICATION BY MERP
(To be Completed by MERP)**

☐	initial	Based on the Social Security Number provided, there is no pending MERP Claim against the Deceased Owner's estate and the State of Texas does not intend to file a MERP Claim against the Deceased Owner's estate.
☐	initial	There is a MERP Claim filed against the Deceased Owner's estate in amount of \$ _____, as evidenced by the attached document.
☐	initial	MERP intends to file a MERP claim against the Deceased Owner's estate in the amount of \$ _____. MERP Case ID: _____

This is not a dismissal of any other claim the State may have against this estate. Estate representatives of deceased Medicaid recipients whose estates may include assets such as, but not limited to, qualified income trusts, other trusts, annuities, torts, or private insurance policies, should also check with Texas Medicaid & Healthcare Partnership (TMHP) Third Party Resources Line by calling 800-846-7307, and select the option for injury, accident, or informational claim to determine if HHSC may have additional claims against this estate.

TEXAS MERP REPRESENTATIVE

Signature

Date

Printed Name

Title

FAX OR MAIL COMPLETED FORM TO:

Stellarware – The TX Medicaid Estate Recovery Contractor
PO Box 320
Norwell, MA 02061
Phone: 1-800-641-9356 Fax: 214-560-3918

EMAIL SUBMISSION:

MERPCERTS@TXMERP.com