IOWA DEPARTMENT OF HUMAN SERVICES IOWA COLLECTION AND REPORTING SYSTEM TPL DATA NOT MATCHED ON ICAR

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PAYOR INFORMATION:	SOCIAL SECURITY # CASE # DATE OF BIRTH / / SEX PHONE # ()
INSUREE INFORMATION:	SOCIAL SECURITY # COUNTY STATE ID
ACCOUNT TYPE	SOCIAL SECURITY #
EMPLOYER INFORMATION: EMPLOYER NAME / ADDRESS	INSURER INFORMATION: INSURER NAME / ADDRESS
MEDICAL INFORMATION: POLICY NUMBER COURT ORDERED POLICY END DATE COVERAGES	PHYSICIAN SPEC DISEASE - CANCER ENT SPEC DISEASE - HEART TER VISION ILL
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