



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 header includes the Oregon.gov logo and the title 'Personal Injury Liens (PIL) Accident or Incident Reporting System'. The main content area provides instructions on how to use the system, including a notice about browser requirements and a security warning. It lists the information needed before completing the form and offers four submission options: Client, Attorney, CCO, and Adjuster. A note at the bottom indicates that users can print or save a copy of their submission after submitting the form. A quick tip suggests that selecting a submitter type will allow users to continue to the next step. The footer contains 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

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.

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).

CCO

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

Adjuster

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 General Services and Resources - Accessibility - Privacy Policy

The URL is EASY to remember:

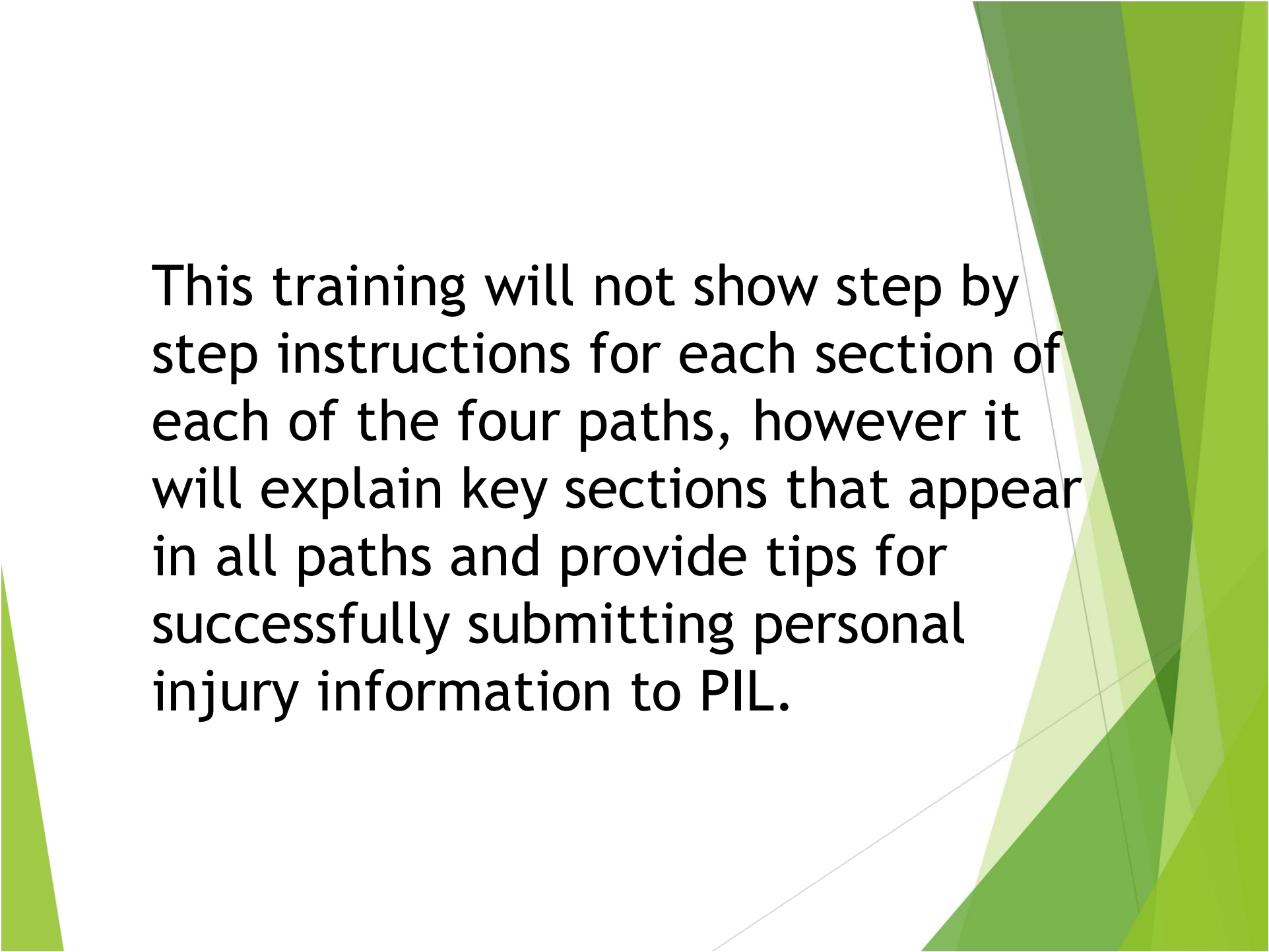
www.reportinjury.org

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 abstract green geometric shapes. On the left, a small green triangle points upwards. On the right, a large, complex shape composed of several overlapping translucent green triangles and polygons extends from the top to the bottom. A thin, light gray diagonal line crosses the lower right portion of the slide.

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
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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 800-377-3841

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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.

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 * **Last Name ***

First Name is required. Last Name is required.

Middle Initial

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 form is titled "Personal Injury Liens (PIL) Accident or Incident Reporting System". Below the title, it says "Provide information about medical attention". The text explains that the user may have received a letter from the ODHS PIL Unit or been instructed by a DHS-PA worker to contact them regarding an accident or incident. The form contains two red-bordered boxes, each containing a drop-down menu with the text "Please select...". The first question is "Did you, or the person you are assisting with this form, seek medical attention? *". 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? *". To the right of the form is a "Steps" section with a list of steps: 1. Submitter Info, 2. Injured Person, 3. Responsible Party, 4. Accident Info, 5. Docs & Comments, and 6. Review & Submit. At the bottom of the form are "Previous" and "Next" buttons. A footer at the bottom of the page provides contact information for the OPAR Personal Injury Liens Unit.

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Personal Injury Liens (PIL)
Accident or Incident Reporting System

Provide information about medical attention

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-PA worker to contact us regarding an accident or incident. Please answer the following questions about the accident or incident.

Did you, or the person you are assisting with this form, seek medical attention? *

Please select...

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? *

Please select...

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 503-378-4514 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)

The screenshot shows a web form titled "Primary Injured Person" with the Oregon OHP logo in the top left. The form includes a detailed instruction paragraph, a note about separate submissions, a checkbox for injured persons, and various input fields for personal and contact information. A "Steps" sidebar on the right indicates the current step in the process.

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 Submitter 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 this 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 the 'Claim Information' section of a form on Oregon.gov. A red rectangle highlights the 'Insurance Information for the Primary Injured Person' section. Above this section is a dropdown menu for 'Where do I list the ID number?' with a note: '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.' Below the dropdown is a 'Please select...' dropdown menu. The 'Insurance Information' section includes a heading, a paragraph explaining the purpose, a note about Medicaid/Medicare coverage, an 'Add Insurance' button, and a table with columns: Company, Policy Number, Claim Number, and Actions. Below this is the 'Attorney Information for the Primary Injured Person' section, which includes a heading, a paragraph, an 'Add Attorney' button, and a table with columns: Attorney Name, Firm Name, and Actions. At the bottom right are 'Previous' and 'Next' buttons.

Claim Information

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

Insurance Information for the Primary Injured Person

We will ask for the responsible party's insurance later in this form, but if there is additional insurance this person may be covered by please enter it now. Additional insurance could include motor vehicle (that belongs to the owner of the car), uninsured and underinsured motorist, PIP (Personal Injury Protection), Worker's Compensation, commercial, business and liability.

Note: Medicaid/Medicare coverage or a Medicaid Coordinated Care Organization (CCO) do not need to be reported on this form.

[Add Insurance](#)

Company	Policy Number	Claim Number	Actions
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Attorney Information for the Primary Injured Person

If the injured person is represented by an attorney, please enter the attorney information.

[Add Attorney](#)

Attorney Name	Firm Name	Actions
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[Previous](#) [Next](#)

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**

Please select...

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

Please select...

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**

Please select...

Phone Number **Extension** **Email Address**

123-456-7890

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**

123-456-7890

Fax Number

123-456-7890

Cancel

Add

Every Path collects Attorney information

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ATTORNEY

When do I list the ID number? Why do we need this 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...

Claim Information

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

Please select...

Insurance Information for the Primary Injured Person

We will ask for the responsible party's insurance later in this form, but if there is additional insurance the person may be covered by, please enter it now. Additional insurance could include motor vehicle (that belongs to the owner of the car), uninsured and underinsured motorist, PIP (Personal Injury Protection), Worker's Compensation, commercial, business and liability.

Note: Medicaid/Medicare coverage or a Medicaid Coordinated Care Organization (CCO) do not need to be reported on this form.

+ Add Insurance

Company	Policy Number	Claim Number	Actions
+ Add Insurance			

Attorney Information for the Primary Injured Person

If the injured person is represented by an attorney, please enter the attorney information.

+ Add Attorney

Attorney Name	Firm Name	Actions
+ Add Attorney		

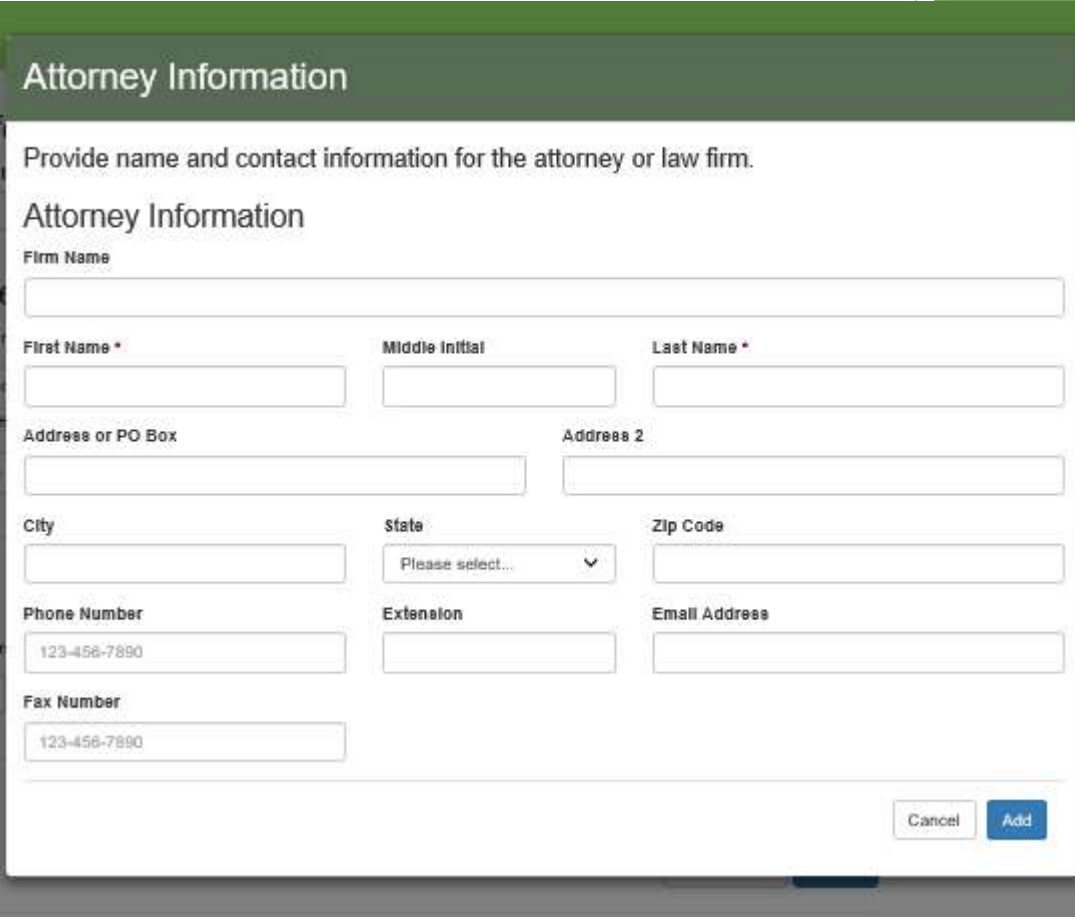
Previous Next

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, a light gray instruction box says "Provide name and contact information for the attorney or law firm." The form itself has a white background and is titled "Attorney Information". It contains several input fields: "Firm Name" (a single line), "First Name *" (a single line), "Middle Initial" (a single line), "Last Name *" (a single line), "Address or PO Box" (a single line), "Address 2" (a single line), "City" (a single line), "State" (a dropdown menu with "Please select..." and a downward arrow), "Zip Code" (a single line), "Phone Number" (a single line with the placeholder "123-456-7890"), "Extension" (a single line), "Email Address" (a single line), and "Fax Number" (a single line with the placeholder "123-456-7890"). At the bottom right of the form are two buttons: "Cancel" and "Add".

Attorney Information

Provide name and contact information for the attorney or law firm.

Attorney Information

Firm Name

First Name * Middle Initial Last Name *

Address or PO Box Address 2

City State Zip Code

Phone Number Extension Email Address

Fax Number

Cancel 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	Edit

[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

The screenshot shows the 'Additional Injured Person' section of the Oregon PIL reporting system. The form is titled 'Additional Injured Person' and includes a sub-header '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.' The form fields are organized into several sections: 'First Name', 'Middle Initial', and 'Last Name' (all required); 'Address or PO Box' and 'Address 2'; 'City', 'State' (a dropdown menu), and 'Zip Code'; 'Phone Number' (with extension and email address fields); 'Oregon Health ID / Medicaid ID Number', 'Date of Birth', and 'Social Security Number (SSN)'. A 'Steps' sidebar on the right lists the process: 1. Submitter Info, 2. Injured Person (current step), 3. Responsible Party, 4. Accident Info, 5. Docs & Comments, and 6. Review & Submit. A red box highlights the 'How is this person related to the Primary Injured Person that you added in this form?' dropdown menu, which currently shows 'Please select...'. Below this, there is a question about whether the accident was a motor vehicle accident (MVA) and a corresponding dropdown menu.

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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.

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. *

Steps

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

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

[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 503-378-4514 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.gov Accident or Incident Reporting System. A red box highlights the 'Select Responsible Party Type *' dropdown menu, which is currently open, showing options: 'Please select...', 'Individual', 'Business or Government', and 'Other'. To the right, a 'Steps' sidebar lists the process: 1. Submitter Info (checked), 2. Injured Person (checked), 3. Responsible Party (active), 4. Accident Info, 5. Docs & Comments, and 6. Review & Submit. Below the dropdown, the 'Insurance Information for the Responsible Party' section includes a '+ Add Insurance' button and a table with columns for Company, Policy Number, Claim Number, and Actions. The 'Attorney Information for the Responsible Party' section includes a '+ Add Attorney' button and a table with columns for Attorney Name, Firm Name, and Actions. At the bottom right are 'Cancel' and 'Add' buttons.

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Accident or Incident Reporting System

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
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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 800-377-3841.

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

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

Provide Comments

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

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.

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

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

6/12004

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

Steps

1. Submitter Info

2. Injured Person

3. Responsible Party

4. Accident Info

5. Docs & Comments

6. Review & Submit

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
---------------	---------------

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.

[Office of Payment Accuracy and Recovery](#) [Accessibility](#) [Privacy Policy](#)

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

Warning Message

The screenshot shows a web form titled "Submission Warning" in a modal dialog. The background form is partially visible, showing sections for "Citations", "Documents & Comments", and "Electronic Signature". The modal dialog contains the following text:

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.

Buttons: Cancel, Sign & Submit

The background form includes sections for "Citations", "Documents & Comments" (with a table for Documents and a list for Comments), and "Electronic Signature" with a checkbox for acknowledgment. At the bottom are "Previous" and "Continue" buttons.

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 confirmation page of the Oregon Personal Injury Liens (PIL) Accident or Incident Reporting System. The page has a green header with the Oregon state logo and the text 'OREGON.GOV'. Below the header, the title 'Personal Injury Liens (PIL)' and subtitle 'Accident or Incident Reporting System' are displayed. A green checkmark icon is centered above the text 'Thank you!'. Below this, a message states: 'Your submission has been received. You will receive a confirmation email shortly.' A red box highlights the 'Confirmation Number: PIL427' and the timestamp '6/25/2018 12:39:08 PM'. Below this, a message 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'. 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.' Below this, the section 'Important Information' is displayed. It contains two paragraphs of text: 'If all of the required information was included in your submission, it meets the requirements to notify DHS and OHA. Please do not mail or fax the same information to DHS or OHA.' and 'If you have questions or require a status update, contact the Personal Injury Liens Unit (PIL) at 503-378-4514 (local calls) or 1-800-377-3841 (toll free). You can also contact PIL by email at personal.injury@state.or.us. Please include your confirmation number in the email.' Below this, the text 'What would you like to do next?' is displayed. 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'.

OREGON.GOV

Personal Injury Liens (PIL)
Accident or Incident Reporting System

✓

Thank you!

Your submission has been received. You will receive a confirmation email shortly.

Confirmation Number: PIL427
6/25/2018 12:39:08 PM

Click the Print or Save button below if you wish to keep a detailed summary of your submission.

Print or Save

Please Note: You will not be able to print or save the detailed summary after you leave this page.

Important Information

If all of the required information was included in your submission, it meets the requirements to notify DHS and OHA. Please do not mail or fax the same information to DHS or OHA.

If you have questions or require a status update, contact the Personal Injury Liens Unit (PIL) at 503-378-4514 (local calls) or 1-800-377-3841 (toll free). You can also contact PIL by email at personal.injury@state.or.us. Please include your confirmation number in the email.

What would you like to do next?

I am finished. Exit this form Start a new submission, using the same contact information 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. 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
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