

**INSTRUCTIONS FOR ACCIDENT INFORMATION
REPORTING ON DMA-2043 FORM.**

PLEASE MAIL COMPLETED FORM TO:

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
THIRD PARTY RECOVERY SECTION
DIVISION OF MEDICAL ASSISTANCE
2508 MAIL SERVICE CENTER
RALEIGH, NC 27699-2508**

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YOU MAY FAX YOUR REPORT TO (919) 715-4725

Accurate completion of this form (including attorney/insurance company's address, telephone and fax number, date of accident, service dates, and release date) provides us with helpful information.