



OMES Risk Management  
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**CLAIMANT'S REPORT**

EACH PERSON MAKING A CLAIM MUST FILE A SEPARATE CLAIM

**Filing an Employee or Third-Party Liability Claim  
Against the State of Oklahoma**

**Important Information  
Read Carefully**

The State of Oklahoma is sorry to learn of your accident. OMES Risk Management administers a self-insurance program for all state entities including all state-owned institutions of higher education. As the administrator of the state's liability self-insurance program, OMES Risk Management will do all it can to expedite your claim. Our ability to assist you with your claim depends upon your full cooperation.

If you are filing a claim for property damage only, please complete the state's Property Damage Claim Form and follow the directions for submission of all required estimates of repair. Use this form for filing vehicle damage claims as well. We may dispatch a claim adjuster to inspect damaged property. We will notify you if we find this necessary.

If your claim includes or is for personal injury, bodily injury or both, you are required to complete the Personal Injury/Bodily Injury Claim Form. Recent changes to federal law related to Medicare and Medicaid require mandatory electronic reporting of all liability claims to the Centers for Medicare & Medicaid Services Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007; CMS has stated the collection of data is for the following purpose:

"The data collected under Section 111 reporting will be used by CMS in processing claims billed to Medicare for reimbursement for items and services furnished to Medicare beneficiaries and for MSP recovery efforts, as appropriate.

"The Section 111 reporting responsibilities are an additional, more comprehensive method for obtaining information regarding situations where Medicare is appropriately a secondary payer. They do not replace or eliminate existing obligations under the MSP provisions for any entity. For example, Medicare beneficiaries who receive a liability settlement, judgment, award, or other payment have an obligation to refund associated conditional payments within 60 days of receipt of such settlement, judgment, award, or other payment. The Section 111 reporting requirements do not eliminate this obligation."

The state is responsible for gathering this information and reporting it to CMS. This requires the state to submit a query to CMS on every claimant to determine each claimant's status under Medicare. For all eligible Medicare claimants, the state will electronically transmit to CMS the required claim information upon payment of a claim.

Because the state is required to report claims as directed by the federal government and under a penalty for failing to do so, OMES Risk Management will reject as incomplete any claim for personal or bodily injury by any claimant who fails to complete the state's Personal and Bodily Injury Claim Form. OMES Risk Management will accept rejected claims as legitimate only upon the claimant's submission of a properly completed state form for such personal or bodily injury claim. This will apply to any claim filed directly by you or your representative. If you have retained an attorney, please be advised OMES Risk Management can only communicate with your attorney.

Also, be advised that you must sign and present the attached Medical Records Release of Information and HIPAA Release of Information forms with your claim related to personal or bodily injury. Your failure to provide the state's releases with your signature will make it impossible for the state to process your claim and will cause an unnecessary delay in doing so.

If you have any questions, please contact our claims unit at the phone number listed above.

## Frequently Asked Questions

**Q. Who can file a claim against the State of Oklahoma, its agencies or employees?**

A. Only a claimant can file a claim against the state, its agencies or employees. A claimant is defined by state statutes as a “person holding an interest in real or personal property which suffers a loss,” a person “actually involved in the accident or occurrence who suffers a loss,” or “in the case of death,” the administrator or personal representative of the estate of an individual who suffered a loss due to the actions of the state, its agencies or an employee. If damage is to property (e.g., a vehicle), the claimant would be the party listed on the title.

**Q. How long from the date of the incident does the claimant have to file claim?**

A. A claimant must present a claim against the state within one year of the date the loss or injury occurs. If a claim is not filed within one year of the date on which the loss occurs, then an individual is forever barred from bringing his or her claim. Title 51 O.S. § 156.

**Q. From the time the claim is received into OMES Risk Management how long does the state have to respond?**

A. By statute, the state has 90 days from the date the claim is received to respond to the claim. A claim must be filed in writing. A telephone call does not constitute a claim. If the state has not approved the claim or denied it, the claim is automatically deemed denied by law 90 days after the claim was received. Title 51 O.S. § 157(A). A claim may be settled after the 90-day period ends, but this does not stop or pause the time within which a claimant has to file a lawsuit, unless agreed to in writing. The state makes every effort to investigate and respond to claims as quickly as possible.

**Q. When can the claimant file suit?**

A. By statute, a claimant cannot file a lawsuit until a claim has been denied or 90 days has passed from the date the claim was filed with the state. A lawsuit may not be filed if a tort claim was not filed.

**Q. How long do I have to file suit?**

A. A claimant has 180 days from the date a claim is either denied or deemed denied by the passing of the 90-day period to file a lawsuit. Title 51 O.S. § 157(B).

- Q. Can the claimant get vehicle rental authorized?**  
A. OMES Risk Management can not authorize a claimant to rent a vehicle. Each claim must be reviewed by the Office of the Oklahoma Attorney General or authorized legal counsel to determine whether a claim will be approved. If a claim is approved, reasonable vehicle rental will be considered as part of the settlement of the claim.
- Q. What if the claimant is my minor child?**  
A. You would then need to fill out the claim form with both custodial parents' names as the parent or guardian of the minor. You would both need to sign the claim form.
- Q. Will an adjuster be assigned to my claim?**  
A. Occasionally, OMES Risk Management will assign an adjuster to review a property damage claim for a vehicle.
- Q. Can a claimant get authorization for medical care?**  
A. OMES Risk Management cannot authorize any medical care. Each claim must be reviewed by the Office of the Oklahoma Attorney General or authorized legal counsel to determine whether a claim will be approved.
- Q. What type of additional documentation may be needed for my claim?**  
A. For property damage, two estimates or a repair bill and copy of title and registration are required. Other documentation that may be submitted if incurred are estimates or receipts for vehicle rental, towing charges, lost wage statements, etc. If the claim is for personal injury, then copies of all the medical bills and doctor reports are required. Other documentation that may be submitted are medicine prescriptions, medical aids, etc.
- Q. Does the state work like regular insurance companies?**  
A. The State of Oklahoma is self-insured by OMES Risk Management.



# Employee/Third-Party Complaint

Type or Print in Ink

AGENCY NUMBER \_\_\_\_\_

CLAIM NUMBER \_\_\_\_\_

*In filing a claim with the State of Oklahoma, you are saying a state agency or state employee has been negligent resulting in damage to you. Your claim will be evaluated based on the documentation you provide.*

### SECTION 1 – Claimant Information

Claimant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

Phone Number Home Work \_\_\_\_\_ Cell \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

### SECTION 2 – Incident Information

Incident Date \_\_\_\_\_ 20 \_\_\_\_\_ Time \_\_\_\_\_ AM PM

\_\_\_\_\_ Address/Highway \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Description of Incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Add sheet for additional comments.

### SECTION 3 – State Agency Involvement

Describe any evidence that will prove the state or a state employee was negligent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Agency Involved

State Employee's Name

**SECTION 4 – Complaint Type**

*Mark the ones that apply.*

Property Destruction

Child Abuse/Neglect

Wrongful Termination

Retaliation

Medical Negligence

Civil Rights Violation

Other \_\_\_\_\_

Description of events that resulted in the claim:

**SECTION 5 – Additional Information or Notes Not Previously Provided**

[Empty box for additional information or notes]

**SECTION 6 – Supporting Claim Documentation**

- EEOC
- PMPs
- Email
- Photos
- Police Report
- Witness Contact Information
- Witness Statement(s)
- Other \_\_\_\_\_

*Documentation must be provided to support claim/allegations.*

**Enter amount of compensation required for full settlement of your claim.**

\$ \_\_\_\_\_

**WARNING:**

It is a felony to make or present a false, fictitious or fraudulent claim for payment of public funds. The State of Oklahoma will prosecute and conviction may result in criminal penalties. Title 21 O.S. § 358-359.

*The information in this claim form is true and correct to the best of my knowledge.*

Original signatures are required for this document.

\_\_\_\_\_  
Signature

OR

\_\_\_\_\_  
Authorized Signer's Signature

\_\_\_\_\_  
Signer's Printed Name

\_\_\_\_\_  
Authorized Signer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Authorized Signer to Claimant