



Louisiana National Medical Support Notice (NMSN) Information Request Form

Please supply the information requested below so HMS can generate NMSN.

Please contact us at (877) 430-0545 or lases@hms.com if there are any questions.

Case Number:

Absent Parent:

- Name:
- Social Security Number:
- Address:
- City, State, Zip:
- DOB:

Dependent:

- Name:
- Social Security Number:
- DOB:

Dependent:

- Name:
- Social Security Number:
- DOB:

Custodial Parent:

- Name:
- Address:
- City, State, Zip:

Employer:

- Name:
- Address:
- City, State, Zip:
- Federal Tax ID Number:

Date of Court Order:

County the Order is from:

MSO Number: