

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 (i.e. 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 (1) year of the date the loss or injury occurs. If a claim is not filed within one (1) year of the date on which the loss occurs, then an individual is “forever barred” from bringing his or her claim. 51 O.S. §156(B).

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

A. By statute, the State has ninety 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 ninety (90) days after the claim was received. 51 O.S. §157(A). A claim may be settled after the ninety (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 ninety (90) days has passed from the date the claim was filed with the State.

Q. How long do I have to file suit?

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

Frequently Asked Questions

Q. Can the claimant get vehicle rental authorized?

A. Risk Management cannot 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, 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. 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 doctors' 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 Risk Management.

Return claim form and documentation by fax, mail or email to the contact information listed at the top of the page. If you wish to hand deliver the documentation, you will need to contact our office to schedule an appointment at 405-521-4999.

BODILY INJURY CLAIM

For office use only

Type or Print in Ink

For office use only

Under Federal law, Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) added new mandatory reporting requirements for liability insurance (including self-insurance), no-fault insurance, and Workers' Compensation, which includes coverage available for legitimate claims against the State of Oklahoma.

SECTION 1 – Claimant Information

Claimant's Name _____
Mailing Address _____
City _____ State _____ Zip Code + 4 _____
Phone Number Home Work () - Cell () -
Last 4 Digits of SS# _____ Date of Birth ____/____/____
Gender Male Female Email Address _____

SECTION 2 – Incident Information

Incident Date _____ 20 ____ Time _____ AM PM

Address/Highway _____ City _____ State _____ County _____

Describe Incident/Injury:

Add sheet for additional comments

SECTION 3 – State Agency Involvement

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

Office of Management and Enterprise Services – Risk Management Department
P.O. BOX 53364 – OKLAHOMA CITY, OKLAHOMA 73152
TELEPHONE (405) 521-4999 – FAX (405) 522-4442
SRM.Claims@omes.ok.gov
CLAIMANT'S REPORT
EACH PERSON MAKING A CLAIM MUST FILE A SEPARATE CLAIM

SECTION 4 – Claimant/Representative Information

<input type="checkbox"/> Self	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Family Member
<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian/Conservator	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Attorney	<input type="checkbox"/> Estate	

Representative Info (complete this area if anything other than Self is checked above)

Name _____

Company Name _____

Address _____

City, State, Zip + 4 _____

() - _____

Phone Number	Federal Identification Number	Email Address
--------------	-------------------------------	---------------

Provide documentation to support connection to claimant

SECTION 5 – Medical Providers

Each amount listed below must be supported with documentation.

	Amount	Provider Name	Telephone Number
Ambulance	\$		() -
Emergency Room	\$		() -
ER Doctor	\$		() -
Radiology	\$		() -
Hospital	\$		() -
Doctor	\$		() -
Radiology	\$		() -
PCP	\$		() -
Prescriptions	\$		() -
PT/Chiropractic	\$		() -
Medical Supplies	\$		() -
Other	\$		() -
Other	\$		() -
Total	\$		

SECTION 6 - Lost Wages

Amount of total wages lost, on company letterhead – showing the amount of leave used, with the hourly rate. Statement must be signed and dated with contact information of signer.

\$ _____

Were you on the job at the time of the incident? Yes No

SECTION 7 - Claimant Insurance

Have you reported this injury to your personal health insurance? Yes No

Have you filed a claim with your personal health insurance? Yes No

Insurance Company Name: _____

Policy Number _____ Policy Deductible \$ _____

Agent Name _____ Phone Number (____) _____ - _____

Amount received/to be received from your personal health insurance? \$ _____

Do you have Medicare? Yes No Medicare Number _____

Do you have Medicaid? Yes No Medicaid Number _____

Attach a copy of Insurance cards for each type of insurance coverage

SECTION 8 - Claim Documentation Checklist

<input type="checkbox"/> MMSEA fields completed - DOB, SSN	<input type="checkbox"/> Police Report, if applicable
<input type="checkbox"/> Medical Bills, with contact information	<input type="checkbox"/> Photos
<input type="checkbox"/> Medical Records	<input type="checkbox"/> Investigative Reports
<input type="checkbox"/> Paid Receipts	<input type="checkbox"/> HIPAA Release

Documentation to support requested compensation must be provided. Estimates or quotes and/or paid receipts should total the requested compensation amount.

Enter amount of compensation required for full settlement of your injury damage. \$ _____

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.
21 O.S. §358-359

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

OR

Signature

Authorized Signer's Signature

Signers Printed Name

Authorized Signers Printed Name

Date

Title of Authorized Signer