

# **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 HEALTH BENEFITS  
2508 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2508**

**OR**

## **YOU MAY FAX YOUR REPORT TO (919) 831-1812**

**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.**