Other Insurance Coverage Information

Complete and return to:

Meritain Health
Eligibility Department
P.O. Box 27810
Minneapolis, MN 55427-0810
Fax: 716.541.6672
Email: Forms.Direct@meritain.com

Meritain Health Welcomes You! We are asking for your help in getting information on other Medical/Dental insurance coverage currently in effect for you or your dependents. This information will expedite claims processing and enhance your level of service. **If we do not receive this information, it may delay the processing and payment of your claims.**

PLEASE PRINT:	
EMPLOYEE NAME	EMPLOYEE DOB
NAME OF COMPANY (YOUR EMPLOYER):	GROUP NUMBER
MEMBER ID NUMBER	

DO YOU OR ANY OF YOUR DEPENDENTS HAVE OTHER COVERAGE IN EFFECT AT THIS TIME?

MEDICAL: ❑ YES ❑ NO
DENTAL: ❑ YES ❑ NO
MEDICARE: ❑ YES ❑ NO

If you answered **NO** for all of the above, please return this form via fax, email or mail to the address above.
If you answered **YES** to any of the above, please provide the information below & return as directed above.

MEDICAL	
NAME OF INSURANCE COMPANY	NAME OF POLICY HOLDER
DATE OF BIRTH (POLICY HOLDER)	EFFECTIVE DATE OF COVERAGE
PLEASE LIST **ALL** FAMILY MEMBERS COVERED BY THIS PLAN.	

DENTAL	
NAME OF INSURANCE COMPANY	NAME OF POLICY HOLDER
DATE OF BIRTH	EFFECTIVE DATE OF COVERAGE
PLEASE LIST **ALL** FAMILY MEMBERS COVERED BY THIS PLAN.	

MEDICARE		
DO YOU OR YOUR DEPENDENTS CURRENTLY HAVE MEDICARE COVERAGE? ❑ YES ❑ NO **IF YES, COMPLETE THE REST OF THIS SECTION.**		
NAME OF PERSONS COVERED BY MEDICARE	IF YOU OR YOUR SPOUSE ARE RETIRED, LIST NAME AND DATE OF RETIREMENT	
MEDICARE ID NUMBER:		
REASON FOR MEDICARE ELIGIBILITY: ❑ OVER AGE 65 ❑ END-STAGE RENAL DISEASE ❑ TOTAL DISABILITY		
PART A EFFECTIVE DATE(S)	PART B EFFECTIVE DATE(S)	PART D EFFECTIVE DATE(S)

OTHER COVERAGE	
IS THERE OTHER COVERAGE FOR YOUR CHILDREN DUE TO A COURT DECREE? ❑ YES ❑ NO	
IF YES, NAME OF PARENT(S) WITH LEGAL CUSTODY OF CHILDREN	ADDRESS OF PARENT(S) WITH LEGAL CUSTODY
IS THERE A COURT ORDER MAKING THE NONCUSTODIAL PARENT RESPONSIBLE FOR THE CHILDREN'S MEDICAL/DENTAL EXPENSES? ❑ YES ❑ NO IF YES, SUPPLY A COPY OF THE LEGAL DOCUMENTATION OF THIS DECISION.	
FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN DENIAL OF CLAIMS SUBMITTED BY YOU AND YOUR FAMILY MEMBERS.	