

Member deductible credit request

SECTION 1 - MEMBER INFORMATION			
(contract number and group number are located on your Priority Health ID card)			
Member name (last & first)	Contract number (with suffix)	Group number	
Member address	City	State	ZIP Code

SECTION 2 - INSTRUCTIONS
<p>Complete separate Deductible Credit Request forms for each member in your family who has met any portion of their deductible in the 90 days prior to your Priority Health plan effective date. Your deductible credit amount(s) will apply to your in-network deductible only.</p> <p>Attach separate Explanation of Benefits forms that include the amount of deductible met for each date of service. Please paperclip your Explanation of Benefits to the upper left-hand corner of this document. (Please do not staple.)</p> <p>We will accept your forms up to 120 days after your Priority Health plan effective date.</p>

SECTION 3: EXPLANATION OF BENEFITS
<p>Explanation of Benefits must contain the following:</p> <ul style="list-style-type: none">• Patient name• Date of service• Amount applied to deductible for each date of service <p><i>Note: Credit will be granted for dates of service 90 days prior to your Priority Health plan effective date. Requests for credit must be submitted within 120 days after your Priority Health plan effective date.</i></p>

SECTION 4 - MEMBER COMMENTS

SECTION 5 - SIGNATURE
<p>The above statements and attachments are true and complete to the best of my knowledge.</p> <p>_____ Signature</p> <p>_____ Date</p>

Mail to:

Priority Health,
ATTN: Claims Dept.
P.O. Box 232
Grand Rapids, MI 49501-0232

Questions?

Call Customer Service at 800.446.5674 or 616.942.1221