

Member calendar year deductible credit request



Section 1: Member information

(Contract number and group number may be found on your membership card)

Member name	Contract number (with suffix)	Group number	
Address	City	State	ZIP

Section 2: Instructions

Complete **separate** Deductible Credit Request forms for each member in your family who has met any portion of their deductible in the same calendar year of your Priority Health plan effective date. Your deductible credit amount(s) will apply to your in-network deductible only.

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.)

We will accept your forms up to 120 days after your Priority Health plan effective date.

Section 3: Explanation of benefits

Explanation of Benefits must contain the following:

- Patient name
- Date of service
- Amount applied to deductible for each date of service

Note: Credit will be granted for dates of service in the same calendar year as your Priority Health plan effective date. Requests for credit must be submitted within 120 days after your Priority Health plan effective date.

Section 4: Member comments

Section 5: Signature

The above statements and attachments are true and complete to the best of my knowledge.

Signature

Date

Mail to:

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

Questions?

Call Customer Service at 800.446.5674 or 616.942.1221