# OTHER INSURANCE COVERAGE REQUEST

FIRST REQUEST

Group:
Subscriber #:
Subscriber Name:
Patient #:

Date

Address 1
Address 2
Address 3

RE:

In order to administer your healthcare coverage, Acclaim Inc. requires that you submit information regarding other healthcare coverage which you and/or your dependent (s) may have. Please fill out the following information and fax or mail to the address below as soon as possible.

1. Is there other group insurance coverage? Yes ___ No ___. If yes, please complete the following. (If other coverage is MEDICARE disregard questions 2-9 and continue with question 10.)

2. Is this a Cobra plan? Yes_____ No_____ Retirement plan? Yes_____ No_____
3. Insured's Name:________________________________ Date of Birth:____________
4. Effective date:___________ Termination date if no longer in force:__________
5. Type of coverage:_____medical_____dental_____vision
6. Employer's name:______________________________________________________
7. Insurance company's name and address:
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
8. Dependents having other group insurance coverage:
   Name:_____________________________________________ Relationship:____________
   Name:_____________________________________________ Relationship:____________
   Name:_____________________________________________ Relationship:____________

9. In divorced, who has full custody of the children? ________________________________

10. Medicare effective date:______________
11. Are you eligible for Medicare due to:
    1. Age 65 or over_________
    2. Disabled______________
    3. ESRD________________ (If on dialysis, please list beginning date_________).

12. Do you receive Veterans Administration (VA) benefits? Yes_____ No_____.

**ALL CLAIMS WILL BE HELD UNTIL THIS FORM IS COMPLETED AND RETURNED.**

Acclaim Inc.
808 Varsity
Tupelo, MS 38801
Phone# 1-800-317-2324 or 662-377-2280
Fax# 1-866-960-8024 or 662-377-2207