Other Insurance Coverage Information

IASIS HEALTHCARE

MERITAIN HEALTH
An Aetna Company

Complete and return to:
Meritain Health
Eligibility Department
PO Box 5117
Hopkins, MN 55343-5117
Or fax to **1.763.852.5079**
Or email to enroll@meritain.com

Meritain Health Welcomes You! We are asking for your help in getting information on other Medical 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	SOCIAL SECURITY NUMBER	EMPLOYEE CELL PHONE NUMBER
NAME OF COMPANY (YOUR EMPLOYER): **IASIS HEALTHCARE**	EMPLOYEE EMAIL ADDRESS	

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

MEDICAL: ❑ 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	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	
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.	