

HealthChoice
P. O. Box 24110
Oklahoma City, OK 73124



Date:

Name:

Address:

City/State/Zip:

Re: Member ID Number:
Member Name:
Patient Name:

Dear:

Are you, your enrolled spouse, or enrolled dependent(s) covered under any other group insurance (other than HealthChoice) or Medicare?

YOU - () YES () NO SPOUSE - () YES () NO DEPENDENT(S) - () YES () NO

If you answered NO to all of the above, please sign, date, and return this form to HealthChoice at the address listed at the top of this form or fax it to 1-405-416-1791.

If YES to any of the above, you need to complete this form and return it to HealthChoice.

If you have other group insurance besides HealthChoice, you must provide information about your other coverage so HealthChoice can coordinate benefits with your other plan. Please do not leave any portion of this form blank and be sure to list the policy effective date as the earliest date of the policy. Also, please list the policy termination date, if applicable. Failure to return this form in a timely manner will result in the delay or denial of your claims.

(1) Insured's name: _____ Date of Birth: _____

(2) Employer: _____

(3) Insured's Other Group Insurance Company: _____

(4) Insurance Company's Address:

_____ Phone Number: _____

(5) Effective Date: _____ Termination Date: _____

(6) Coverage: Single _____ Family _____

(7) Does the plan provide coverage for: Medical () YES () NO

Dental () YES () NO

(8) Name of all (including yourself and/or spouse and dependent(s) which include step-children) on the above-mentioned plan:

I certify the above information is true and correct to the best of my knowledge.

Member Signature _____ Date _____

(This form must be signed and dated by the member.)

Please return your form to HealthChoice at the address listed at the top of this form or fax it to 1-405-416-1791. If you have questions, please contact our Customer Service Relations Department at 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

Sincerely,
HP Administrative Services