

PRIOR CARRIER DEDUCTIBLE CREDIT INFORMATION

MEMBER SOCIAL SECURITY NUMBER: _____

GROUP NAME: _____

DATE COMPLETED: _____

MEMBER INFORMATION

INDIVIDUAL DEDUCTIBLE AMOUNT SATISFIED

NAME: _____

DATE OF BIRTH: ____/____/____

NAME: _____

DATE OF BIRTH: ____/____/____

SEX/RELATIONSHIP: ____/____

NAME: _____

DATE OF BIRTH: ____/____/____

SEX/RELATIONSHIP: ____/____

NAME: _____

DATE OF BIRTH: ____/____/____

SEX/RELATIONSHIP: ____/____

NAME: _____

DATE OF BIRTH: ____/____/____

____/____

PRIOR CARRIER DEDUCTIBLE CREDIT

WHAT IS PRIOR CARRIER DEDUCTIBLE CREDIT?

It's simple, if under your previous plan you incurred expenses that were credited toward your annual deductible in the calendar year or benefit period in which your group became effective, you can receive deductible credit toward your new policy with AmeriHealth.

HOW DO I KNOW IF I AM ELIGIBLE?

If you are a new AmeriHealth member and incurred expenses related to a deductible under your previous carrier, you are eligible. In order for you to take advantage of this benefit you *must* provide AmeriHealth with the required documentation, as soon as possible or no longer than 90 days after your enrollment date to receive full credit.

HOW DO I APPLY?

- Submit a copy of your most recent Explanation of Benefits (EOB) from your prior insurance carrier, complete the Prior Carrier Deductible Credit (PCDC) Form on the reverse page-side, attach your EOB(s) and submit to AmeriHealth. Included for your convenience is a Postage Paid envelope marked Prior Carrier Deductible Credit.
- Please remember you have only **90 DAYS** from your enrollment date to submit your EOB and PCDC form to receive full credit. After 90 days you may forfeit some or all of your credit. Since annual deductibles apply to each family member, we will need information specific to each of your dependents who will be covered. For example, a husband must submit an EOB indicating his credit to be applied and a wife will need to provide an EOB indicating her credit to be applied.

HOW WILL I KNOW IF MY CREDIT HAS BEEN APPLIED?

You will receive a letter from AmeriHealth verifying that we received your request and documentation to receive PCDC. The letter will also indicate each family member's individual amount that will be credited toward your new deductible.

PRIOR CARRIER DEDUCTIBLE CREDIT CHECKLIST:

- PCDC Form completed (first page of this form)
- Prior Carrier Credit EOB (please retain a copy for your records)
- EOB's indicating credit to be applied for each family member
- Mail PCDC Form and EOB(s) to:

AMERIHEALTH
Prior Carrier Deductible Credit
P.O. Box 7450
Philadelphia, PA 19101-9102

If you have any questions, please call the Customer Service number listed on the back of your Identification Card.

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AmeriHealth Insurance Company of New Jersey