

Physicians Plus wants to make sure that your claims are processed quickly and accurately, especially when you're covered by more than one health or prescription drug insurance plan. Your P+ policy includes a "coordination of benefits" provision that outlines claim processing guidelines in such cases.

Please complete this form to help ensure that your future insurance claims are processed correctly and without delay. Failure to respond may delay claim payments.

If you have completed this form before, and none of your insurance information has changed, you do not need to fill the form out again.

Thank you for helping us gather this information. If you have any questions, please call Member Service at (608) 282-8900 or (800) 545-5015.

Physicians Plus Policy Holder Name: _____ **Birth Date:** _____

Member Number: _____ **E-mail Address:** _____

Other Insurance Information

1. If you have other health insurance policies covering you and/or your family, please list them here.

Policy Type (Medicare, POS, etc.): _____ Name of Insurance Carrier: _____
 Policy Member Number: _____ Effective Date: _____
 Name of Policy Holder: _____ Phone Number of Policy: _____
 Persons Covered by the Policy: _____
 Does this policy include coverage for prescription drugs (circle one)? Yes No

2. Do you have a separate insurance policy (other than listed above; including Medicare Part D) that covers prescription drugs (circle one)? Yes No

If yes, please complete the information below.

Name of Prescription Drug Policy: _____
 Member Number on Policy: _____ Effective Date: _____

3. Do you or any other family member (on this policy) have coverage under Medicare (circle one)? Yes No
 If yes, please complete the information below for each person with Medicare coverage:

Name: _____	Name: _____
Medicare Number: _____	Medicare Number: _____
Coverage (circle all that apply): Part A Part B Part C Part D	Coverage (circle all that apply): Part A Part B Part C Part D
Effective Date: _____	Effective Date: _____
Reason for Medicare coverage (circle one): Over age 65 Disability End-Stage Renal Disease (ESRD)	Reason for Medicare coverage (circle one): Over age 65 Disability End-Stage Renal Disease (ESRD)

4. If you have dependent children on this health plan whose health insurance coverage is paid by another person due to divorce, court order or custody agreement, please complete the following:

Name of person responsible for insurance coverage: _____
 Type of custodial arrangement (circle one): Full Joint
 If full, name of custodian: _____ Effective Date with Other Insurance Plan: _____
 Name of Child(ren): _____

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No postage necessary. Please re-fold, seal and return to Physicians Plus.

The form may be scanned and faxed to (972) 767-3521 or emailed to ppicinfo@pplusic.com



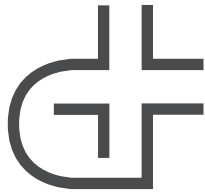
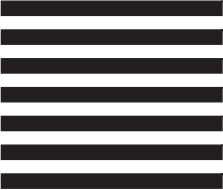
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Thank you for completing this form.