



Member name _____ PHP ID # _____

Is the above member currently covered under any other insurance plan or had previously been enrolled through another insurance plan within the last 12 months? Yes (Complete sections A, B, and C if applicable) No

Section C must be completed when the above member is a dependent child.

Section A - Medicare Coverage

How does Medicare cover you? End Stage Renal Disability Age 65 Medicare ID Number _____

What coverage do you have? (check all that apply)

Part A (Hospital) effective date: _____

Part C (Medicare Advantage) effective date: _____

Part B (Medical) effective date: _____

Name of Part C Plan _____

Are you actively employed? Yes No

Part D (Pharmacy) effective date: _____

Is your spouse actively employed? Yes No

Additional comments _____

Section B - Other Insurance Plan, Medicaid, or other Government Plan

Is your other health insurance plan offered through an employer? Yes No

Employer name _____

Policyholder name _____ DOB _____ Policyholder SSN _____

Member's relation to policyholder Self Spouse Child Step-Child Grandchild Other _____

Name of the insurance company _____ Phone # _____

Address _____

Policyholder's effective date _____ Term date _____

Dependent's effective date _____ Term date _____

Coverage status Active Retired COBRA Supplement to Medicare Plan ID # _____

Type of coverage (check all that apply) Medical Dental Vision Pharmacy Other

Who is the coverage for? Self Self & Family Self & Spouse Self & Child(ren)

Section C - If above member is a dependent child, please check all that apply.

Parents are divorced Parents are married Parents never married

Father has custody Mother has custody Joint custody

Natural father's date of birth _____ Natural mother's date of birth _____

Natural father's name _____ Court Ordered to Carry Insurance? Yes No

Natural mother's name _____ Court Ordered to Carry Insurance? Yes No

Additional comments that may help us determine the correct primary and secondary insurance carrier:

Signature _____ Date _____ Daytime phone _____