SHARP Health Plan

Deductible Credit Request Form

Purpose

Sharp Health Plan will give you a credit toward your Sharp Health Plan deductible for approved amounts that were applied toward your deductible with your previous health plan (for the same calendar year). If you are enrolled in a Grandfathered Plan, no credit is given for deductible amounts paid for outpatient prescription drugs.

Instructions

1. To request a deductible credit, send this completed form and the required attachments to us after your start date.
2. List the deductible amount met by each family member separately. You only need to fill out one Deductible Credit Request Form for all family members covered by Sharp Health Plan.
3. Attach a copy (front and back) of the most current Explanation of Benefits (EOB) from your previous health plan. The EOB must provide an itemized list of all deductible amounts you are requesting as credit.

Submit

Send this completed and signed form and the EOB from your previous health plan by mail, in person or fax.

By mail or in person*:
Sharp Health Plan
Attn: Claims Research
8520 Tech Way, Suite 200
San Diego, CA 92123

By fax:
Attn: Claims Research
858-636-2276

If you need assistance, we're here to help.

If you have any questions, please contact Customer Care at (858) 499-8300, toll-free at 1-800-359-2002 or via email at customer.service@sharp.com.

Employee information		
Employee name:	Date: MM/DD/YY	Sharp Health Plan Member ID #:
Home address (P.O. Box is not allowed):	Phone number: ( )	
City:	State:	ZIP code:
Member's name: List your name and the name of each covered family member.	**Date of birth:** MM/DD/YY	**Deductible credit requested:**
Employee:		$
Spouse/Domestic Partner:		$
Child:		$
Child:		$
Child:		$
Other:		$
I certify that the information I have provided is true and complete.		
Employee signature: X	**Date:** MM/DD/YY	