

Pequot Health Care  
Pequot Plus Health Benefit Services  
Third Party Administration Division  
1 Annie George Drive  
PO Box 3730  
Mashantucket, CT 06338  
Phone: 888-779-6872  
Local: 860-396-6489  
Fax: 860-396-6157



<b>Employee:</b> _____
<b>Patient:</b> _____
<b>Group #:</b> _____
<b>Claim #:</b> _____
<b>Date:</b> _____

Dear

To complete the processing of the claim(s) for the above-mentioned patient, please provide us with the following information **within forty five (45) days** of the date of this letter, in accordance with the terms of your health plan.\*

What part of the body was injured? \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Please describe where and how it happened: \_\_\_\_\_

\_\_\_\_\_

If auto related, were you:                     Driver \*\*\*                     Passenger

Is there a lawsuit pending or intended?    Yes                     No

**\*\*\* IMPORTANT NOTE:**

**Please provide a copy of the police report if this is due to a motor vehicle accident in which you were the driver.**

Signature: \_\_\_\_\_

**\* Please be advised that payment of these claims will not be released until the requested information is received. Further, failure to provide this information will result in the denial of your claims rendering you responsible for payment of these charges.**

Please complete, sign and mail/fax your reply to the address/fax number listed above. If you have any questions, please contact Customer Service. Thank you for your cooperation.

Sincerely,  
Claims Department

Adjuster: \_\_\_\_\_