

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 notice, in accordance with the terms of your health plan\*:

**OTHER INSURANCE UPDATE (SPOUSE):**

Is your spouse employed?     Yes     No

If yes, name of employer: \_\_\_\_\_

Was insurance elected by spouse?     Yes     No

Covers:     Medical     Dental     Vision

Name of insurance Co.: \_\_\_\_\_ Effective date: \_\_\_\_\_

List family members covered under the policy: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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: \_\_\_\_\_