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

Employee:	_____
Patient:	_____
Group #:	_____
Claim #:	_____
Date:	

Dear _____:

Please provide us with the information requested below to complete the processing of the claim(s) for the above-mentioned patient. In accordance with the terms of your health plan, we must have this information within **forty five (45) days** of the date indicated above.*

(OTHER) INSURANCE INFORMATION:

Do you have insurance through another employer? _____ Yes ____ No

If yes, name of employer: _____

Name of insurance company: _____

Effective date: _____ Covers: □ Medical □ Dental □ Vision

Names of family members covered under that 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: _____