



TOTALLY THERE FOR YOU

COVID-19 Deductible credit request

Available only during the COVID-19 pandemic

Name of previous insurance carrier

SECTION 1: MEMBER INFORMATION

(Contract number and group number may be found on your membership card)

Member name

Contract number (with suffix)

Group number

Address

City

State

Zip

SECTION 2: INSTRUCTIONS

Complete separate Deductible Credit Request forms for each member in your family who has met any portion of their 2020 deductible (for dates of service dated 1/1/2020 and after) prior to your Total Health Care USA plan effective date. Your deductible credit amount(s) will apply to your in-network deductible only.

Attach separate Explanation of Benefits forms that include the amount of deductible met for each date of service. We will accept your forms up to 30 days after your Total Health Care USA plan effective date.

SECTION 3: EXPLANATION OF BENEFITS

Explanation of Benefits must contain the following:

- Patient name
- Date of service
- Amount applied to 2020 deductible for each date of service (1/1/2020 and after)

Note: Credit will be granted for dates of service dated 1/1/2020 and after prior to your Total Health Care USA plan effective date. Requests for credit must be submitted within 30 days after your Total Health Care USA plan effective date.

SECTION 4: MEMBER COMMENTS

SECTION 5: SIGNATURE

The above statements and attachments are true and complete to the best of my knowledge.

Signature

Date

MAIL FORM TO:

Total Health Care USA
ATTN: Configuration
3011 W. Grand Blvd., Suite 1600
Detroit, MI 48202-3000

Questions?

Call Customer Service at **800.826.2862**