



Date ____/____/____

Patient _____ Group No: _____

Employee _____ Acct No: _____

Claim No: _____ Incurred: _____

Provider: _____ Charge: _____

Request for Primary Insurance Explanation of Benefits

We have received a claim for the patient named above. Our records indicate that the patient is covered under another health insurance plan. Since the other plan is primary, that plan will need to process this claim first.

If you have not already done so, please ask your health care provider to submit this claim to the patient's primary insurance carrier. After that carrier processes the claim, please provide us with a copy of the Explanation of Benefits (EOB) they issue. Once we receive the requested EOB, we will coordinate benefits between your plans and complete the processing of your claim.

We know that your health benefits are important to you, so we ask that you provide this information to us as soon as possible, but no later than forty-five (45) days from the date of our initial request. Otherwise, Federal regulations require that we proceed with issuing a determination on your claim. However, doing so without the requested information would result in the claim being denied or closed. We apologize for any inconvenience this may cause.

If the patient no longer has health insurance coverage through another plan, or if you have any questions, please contact our Customer Service Department at (800) 442-7247.

Please send the requested information to: HealthComp Administrators, P.O. Box 45018, Fresno CA 93718-5018. If you prefer, you may fax the information to us at: (559) 499-2464.

Thank you for your assistance in this matter.

HealthComp Administrators
Claims Department