

COMPLETE THIS FORM IF YOU HAVE OTHER COVERAGE

RE: Other Health Coverage - Coordination of Benefits Information

Dear Enloe Medical Center PPO Plan Participant:

To help us process your medical claims as promptly as possible, it is necessary for us to know if you or any of your covered dependents have other health coverage in addition to your coverage through **Enloe Medical Center**. As the third party claim administrator for the PPO plan, Keenan is responsible for determining the proper order of benefit payment when and if other coverage exists.

If you have already provided our office with other coverage information, you may disregard this request. If not, even if you have not incurred or filed a claim for benefits as yet, we would encourage you to complete and return this form. By obtaining this information now, we hope to avoid a delay in processing benefits should you subsequently have a medical claim.

We appreciate your cooperation and ask that you answer the following questions and return the completed and signed form to Keenan HealthCare. Please mail or fax to the contact indicated on page 2 of this form.

Are you or any family member enrolled in an HMO, EPO, PPO or any other medical or group insurance plan? Yes No

If yes, Please provide the following:

- Name of family member through whom coverage is provided _____

- List family members covered:

_____	_____	_____
_____	_____	_____
_____	_____	_____

- Name & address of HMO, PPO Plan, employer or other group insurance company

- Plan Group ID# _____
- Coverage effective date ____ / ____ / ____

Signature _____ Date _____

Sincerely,

Cheryl Disheroon, Operations Manager
Keenan HealthCare
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Torrance CA 90501
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