Deductible credit form

Get credit for the amount you've paid toward your deductible for your current plan year.* To establish this amount, please fill out this form (one per family).

For assistance filling out this form, please log in to your previous carrier's member portal and print off your most recent Explanation of Benefits (EOB) form. Use the amounts from that EOB to fill out the amounts below. Please also attach a copy of that EOB to this sheet. If you receive another EOB after you submit this form for your credit, you will need to send the new EOB to Moda Health so you can receive credit for those amounts as well.

**May not apply to all groups. Please check with your employer to find out if you are eligible for deductible credit.*

Moda Health member ID no. *(found on the ID card mailed to you)*	Moda Health group number *(found on the ID card mailed to you)*		
Subscriber name (please print)			
Subscriber address	City	State	ZIP
Employer name			
Employer address	City	State	ZIP

Please list, separately, the dollar amount met by each member of your family covered by the Moda Health plan.

Name (list the name of each covered family member)	**Date of birth** (mm/dd/yyyy)	**Deductible amount met for this year**
Subscriber		$
Spouse		$
Child		$
Child		$
Child		$
Child		$
Child		$
Child		$

I certify that the above information is accurate and complete to the best of my knowledge. I have attached the most recent EOB from my previous carrier for each member listed on this form.

Signature X	Date

Ready to submit? Fax this form to Moda Health at 855-522-9809.
Questions? Contact a customer service representative at 855-522-9807.

www.modahealth.com

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