

IMPORTANT!

Instructions for Vital Information Form and Authorization for Release of Protected Health Information

It is necessary for you to complete and return the attached forms entitled *Vital Information Form* and *Authorization for Release of Protected Health Information*. Completion of these forms will allow the Benefit Office to process your health benefits properly and in a timely manner. The Benefit Office requests that you complete and return these forms immediately upon receipt.

Instructions for *Vital Information Form*

All the information on the front of the form must be completed and the form must be signed. The back of the form regarding *Other Insurance* need only be completed if you, your spouse, or any of your dependents have other insurance coverage.

If you, your spouse, or your covered dependents are age 65 or older or eligible for Medicare disability benefits, it is extremely important that you complete the line on the form regarding Medicare Claim Numbers. The illustration below shows where the number is located on the Medicare card.

**Medicare Claim Number
including the letter(s)**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER SEX
000-00-0000-A **FEMALE**

IS ENTITLED TO EFFECTIVE DATE
HOSPITAL (PART A) 07-01-1986
MEDICAL (PART B) 07-01-1986

SIGN
HERE

DO NOT SEND CLAIMS FOR PAYMENT OF
MEDICARE BENEFITS TO THIS (↓) ADDRESS

Instructions for *Authorization for Release of Protected Health Information*

Privacy regulations require the Benefit Office to have authorization to discuss health care and eligibility information over the phone. The *Authorization for Release of Protected Health Information* allows you to permit the Benefit Office to discuss health care and eligibility information with the person(s) you designate on the form. If you so choose, the form also permits you to limit the release of health information to yourself only.

If the Authorization Form is not completed and returned, discussions regarding health care will be limited to yourself and any minor children enrolled under your coverage. This means that if your spouse calls the Benefit Office with a question about a benefit paid on your behalf, we will not be able to release the information. Similarly, if your spouse does not give authorization for us to talk to you, you will not be able to inquire about a claim paid on your spouse.

Please review the instructions for completing the *Authorization for Release of Protected Health Information* that are located on the back of the form.

If you have any question regarding these forms, please contact the Benefit Office at (248) 641-4949.