

PLEASE USE BLACK OR BLUE PEN ONLY

To help keep health care premiums down, we research certain claims to find out if another insurance carrier or party may be responsible for payment. This research also helps ensure you get the coverage your plan provides as quickly as possible.

Please answer the questions below and have the provider who treated you send the information to Rocky Mountain Health Plans or fax to 970-244-7850. Without this information, payment on your claims may be delayed, or you may be responsible for the cost of the care.

Member Name: _____ RMHP Member ID#: _____

If you are not the Member, what is your relationship to this Member? _____

Your home phone: _____ Your work phone: _____

What is the medical condition you are being seen for? (i.e., neck, back, etc.) _____

What was the cause of the medical condition? _____

What date did the medical condition begin? _____

If the condition was caused by an injury or illness, did it occur in your own home? Yes No

If no, provide the location of injury and/or the owner of property:

Name: _____

Address: _____

Phone: _____

If you think another party or insurance carrier may be responsible for paying for treatment of this medical condition, please provide the following information:

Name of party: _____

Address: _____

Phone: _____

If you have any questions, please call us at 970-248-5032 or 800-854-4558.

Para asistencia en español por favor llame at 800-348-4643.

Your signature: _____