

Please return to
 LifeWise Health Plan of Washington
 P.O. Box 91059
 Seattle, WA 98111-9159



Deductible and Out of Pocket Credit Form

(One form only from each employee and their family)

DATE (mm/dd/yyyy)	LIFEWISE MEMBER ID	LIFEWISE GROUP #
REQUESTOR NAME (please print)		
COMPANY NAME		
COMPANY ADDRESS (city, state, ZIP)		
MEMBER NAME (please print)		
MEMBER ADDRESS (city, state, ZIP)		

A FULLY COMPLETED DEDUCTIBLE & OUT OF POCKET (OOP) CREDIT FORM MUST BE RECEIVED BEFORE CREDIT CAN BE APPLIED TO YOUR NEW PLAN. OOP CREDIT INCLUDES COINSURANCE, DEDUCTIBLE, AND COPAYS, BOTH MEDICAL AND RX.

Appropriate documentation is required to process your deductible and OOP credit information.

Please attach a copy of an Explanation of Benefits (EOB) from your previous carrier. This EOB should list deductible and OOP dollars for each family member **separately**, illustrating previous medical and dental deductible and OOP met. Or, you may provide us with a report from your prior carrier that contains the following information: prior carrier name, member name, member date of birth, and amount of medical and dental deductible and OOP satisfied for the current calendar year for each family member.

MEMBER'S NAME (List your name and the name of each covered family member)	DATE OF BIRTH (mm/dd/yyyy)	MEDICAL		DEDUCTIBLE \$
		DEDUCTIBLE \$ CREDITED THIS YEAR	OUT OF POCKET \$ CREDITED THIS YEAR	DEDUCTIBLE \$ CREDITED THIS YEAR
EMPLOYEE		\$	\$	\$
SPOUSE		\$	\$	\$
CHILD		\$	\$	\$
CHILD		\$	\$	\$
CHILD		\$	\$	\$

I certify that the expense information I have provided is true and complete. I have attached required deductible and out of pocket documentation for each member listed on this form.

REQUESTOR SIGNATURE: X _____

PLEASE SEND THIS FULLY COMPLETED FORM TO THE ADDRESS LISTED ABOVE



Discrimination is Against the Law

LifeWise Health Plan of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through LifeWise Health Plan of Washington. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-592-6804 (TTY: 800-842-5357).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de LifeWise Health Plan of Washington. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-592-6804 (TTY: 800-842-5357).

中文 (Chinese): 本通知有重要的訊息。本通知可能有關於您透過 LifeWise Health Plan of Washington 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-592-6804 (TTY: 800-842-5357)。

Tiếng Việt (Vietnamese): Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình LifeWise Health Plan of Washington. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-592-6804 (TTY: 800-842-5357).

Tagalog (Tagalog): Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng LifeWise Health Plan of Washington. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-592-6804 (TTY: 800-842-5357).