



MEDICAL MUTUAL™
Your healthcare partner since 1934

DEDUCTIBLE CREDIT CARRYOVER INFORMATION

INSTRUCTIONS:

Your group health insurance program, prior to your insurance with Medical Mutual, may have required that you satisfy a deductible each benefit period. Any covered expense for services rendered in the current calendar year which apply to the prior program deductible will be applied towards your Medical Mutual deductible.

Please list the total of such expenses including those for any covered dependent in your family. The explanation of benefits must be attached from the prior program to show the expense toward the deductible.

EMPLOYEE'S NAME: _____ EMPLOYEE'S S. S. #: _____

(PLEASE PRINT)

PATIENT'S NAME		RELATIONSHIP	DATE OF	DEDUCTIBLE
LAST	FIRST	TO EMPLOYEE:	BIRTH:	SATISFIED:
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

I certify that the above is correct. I understand that any intentional misrepresentation may invalidate my coverage.

EMPLOYEE SIGNATURE

DATE

NAME OF EMPLOYER

GROUP NUMBER