



# Prior Carrier Deductible Credit

## Prior Carrier Deductible Credit

If an AmeriHealth New Jersey member incurred expenses that were applied to his or her deductible under a previous carrier's group plan **within the calendar year**, he or she may be eligible for a deductible credit toward the AmeriHealth New Jersey plan.\*

In order for the member to take advantage of this credit, he or she must provide AmeriHealth New Jersey with the required documentation (Prior Carrier Deductible Credit form and EOBs from prior carrier indicating credit to be applied for **each family member**) no longer than 90 days after his or her enrollment date to receive full credit.

### Prior Carrier Deductible Credit Checklist

- Prior Carrier Deductible Credit completed form (below)
- Proof of deductibles met from prior carrier for current calendar year:
  - Single - Explanation of Benefits (EOB) is sufficient from previous carrier.
  - Family - (one of the following)
    - o "History of Claims" statement
    - o EOB with individual level breakout
    - o Letter from prior carrier breaking down deductible credit by individual for current calendar year
- Email this Prior Carrier Deductible Credit form and EOBs to **PCC@amerihealth.com** or broker.

<b>PRIOR CARRIER DEDUCTIBLE CREDIT INFORMATION</b>	
Member Social Security Number: _____	
Group Name: _____	
Date Completed: _____	
<b>MEMBER INFORMATION</b>	Individual Deductible Amount Satisfied
Name: _____	
Date of Birth: _____	
<b>DEPENDENT INFORMATION</b>	Individual Deductible Amount Satisfied
Name: _____	
Date of Birth: _____	
Sex/Relationship: _____	
Name: _____	
Date of Birth: _____	
Sex/Relationship: _____	
Name: _____	
Date of Birth: _____	
Sex/Relationship: _____	

\*Please note, members must be active on their plan at the time of inception in order to receive credit.