

Member Deductible Credit Request

Priority Health • 1231 E. Beltline, N.E. • Grand Rapids, MI 49525



SECTION 1 - MEMBER INFORMATION

Contract Number and Group Number may be located on your Priority Health Member ID Card

Member Name	Contract Number (with suffix)	Group #	
Address	City	State	Zip Code

SECTION 2 - INSTRUCTIONS

Please affix your Explanation of Benefits to the **UPPER LEFT-HAND CORNER** of this document.
(Please do not staple)

SECTION 3 - EXPLANATION OF BENEFITS

Explanation of Benefits must contain the following:

- Patient Name
- Date of Service
- Amount applied to deductible for each date of service.

SECTION 4 - MEMBER COMMENTS

SECTION 5 - SIGNATURE

The above statements and attachments are true and complete to the best of my knowledge.

Signature: _____ Date: _____

MAIL TO: Priority Health
ATTN: Claims Dept.
P.O. Box 232
Grand Rapids, MI 49501-0232

QUESTIONS? Call Customer Service at
800 446-5674 or
616 942-1221