



Prior Carrier Deductible Credit

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

| | |
|-------------------------------------|---|
| Plan Year Benefit Period | Will credit deductibles met within 90 days of the AHNJ effective date |
| Calendar Year Benefit Period | Will credit deductibles met within the calendar year |

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.

Deductible Credit Checklist

- Deductible Credit completed form (below)
- If coming from another carrier: proof of deductibles 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

If you are working with a broker: Email this Prior Carrier Deductible Credit form and EOBs to PCC@amerihealth.com or your broker.

If you are not working with a broker: Please return this form to the Customer Service or Accolade representative you are working with or call **1-888-968-7241**.

| Deductible credit information | |
|--------------------------------------|--|
| Member Social Security Number: _____ | |
| Group Name: _____ | |
| Date Completed: _____ | |
| Member Information | Individual Deductible Amount Satisfied |
| Name: _____ | |
| Date of Birth: _____ | |
| Dependent Information | 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.