SHARP Health Plan

Deductible Credit Request Form

Purpose

Sharp Health Plan will give you a credit toward your Sharp Health Plan deductible for approved amounts that were applied toward your deductible by your previous health plan (for the same calendar year). If you are enrolled in a Grandfathered Plan, no credit is given for deductible amounts paid for outpatient prescription drugs.

Instructions

1. To request a deductible credit, send this completed form and the required attachments to us after your start date.
2. List the deductible amount met by each family member separately. You only need to fill out one Deductible Credit Request Form for all family members covered by Sharp Health Plan.
3. Attach a copy (front and back) of the most current Explanation of Benefits (EOB) from your previous health plan. The EOB must provide an itemized list of all deductible amounts you are requesting as credit.

Submit

Send this completed and signed form and the EOB from your previous health plan by mail, in person or by fax.



By mail or in person:
Sharp Health Plan
Attn: Claims Research
8520 Tech Way, Suite 200
San Diego, CA 92123



By fax:
Attn: Claims Research
1-858-636-2276

If you need assistance, we're here to help.

If you have any questions, log in to your Sharp Health Plan online account at **sharphealthplan.com/login** to send Customer Care a secure message or call 1-858-499-8300 or toll-free at 1-800-359-2002.

Employee information		
Employee name:	Date: MM/DD/YYYY	Sharp Health Plan Member ID #:
Home address (P.O. Box is not allowed):	Phone number: ( )	
City:	State:	ZIP code:
Member's name: List your name and the name of each covered family member.	**Date of birth:** MM/DD/YYYY	**Deductible credit requested:**
Employee:		$
Spouse / domestic partner:		$
Child:		$
Child:		$
Child:		$
Other:		$
I certify that the information I have provided is true and complete.		
Employee signature: X	**Date: MM/DD/YYYY**	

Language Assistance Services

English
ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-359-2002 (TTY:711).

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-359-2002 (TTY:711).

繁體中文 **(Chinese)**
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-359-2002 (TTY:711)。

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-359-2002 (TTY:711).

Tagalog (Tagalog – Filipino):
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-359-2002 (TTY:711).

한국어 (Korean):
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-359-2002 (TTY:711) 번으로 전화해 주십시오.

Հայերեն **(Armenian):**
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-359-2002 (TTY (հեռատիպ)՝ 711).

فارسی :(Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما تماس بگیرید
1-800-359-2002 (TTY:711) با .باشد می فراهم.

Русский (Russian):
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-359-2002 (телетайп: 711).

日本語 **(Japanese):**
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-359-2002 (TTY:711) まで、お電話にてご連絡ください。

ةيبرعلا (Arabic):
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .تصل برقم
1-800-359-2002 (رقم هاتف الصم والبكم: 711).

ਪੰਜਾਬੀ (Punjabi):
ਧਿਆਨ ਦਓ: ਜੇ ਤੁਸੀ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-359-2002 (TTY/TDD: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Mon Khmer, Cambodian):
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-359-2002 (TTY:711)។

Hmoob (Hmong):
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-359-2002 (TTY:711).

हिंदी (Hindi):
ध्यान दें: यदिआप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-359-2002 (TTY:711) पर कॉल करें।कॉल करें।

ภาษาไทย (Thai):
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-359-2002 (TTY:711).