



Deductible Credit Request Form

Sharp Health Plan will give you a credit toward your Sharp Health Plan deductible for approved amounts that were applied toward your deductible with 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.

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 list all deductible amounts you are requesting as credit.

If you have any questions, please contact Customer Care at (858) 499-8300, toll-free at 1-800-359-2002 or via email at customer.service@sharp.com.

Date			
Employee Name			
Sharp Health Plan Member ID			
Address			
City	State	ZIP	
Phone ()			
Member's Name List your name and the name of each covered family member.	Date of Birth	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 _____			

SEND THIS COMPLETED FORM AND THE EOB FROM YOUR PREVIOUS HEALTH PLAN TO:

Sharp Health Plan
Attn: Customer Care
8520 Tech Way, Suite 200, San Diego, CA 92123-1480
FAX 858-499-8244