MEDICAL MUTUAL OF OHIO
Your healthcare partner since 1934

DEDUCTIBLE CREDIT CARRYOVER INFORMATION

INSTRUCTIONS:

Your group health insurance program, prior to your insurance with Medical Mutual of Ohio, may have required that you satisfy a deductible each benefit period. Any covered expense for services rendered in the current calendar year which apply to the prior program deductible will be applied towards your Medical Mutual of Ohio deductible.

Please list the total of such expenses including those for any covered dependent in your family. The explanation of benefits must be attached from the prior program to show the expense toward the deductible.

EMPLOYEE'S NAME: _____ EMPLOYEE'S S. S. #: _____

(PLEASE PRINT)

PATIENT'S NAME LAST FIRST	RELATIONSHIP TO EMPLOYEE:	DATE OF BIRTH:	DEDUCTIBLE SATISFIED:
			$
			$
			$
			$
			$
			$

I certify that the above is correct. I understand that any intentional misrepresentation may invalidate my coverage.

_____ _____
EMPLOYEE SIGNATURE DATE

_____ _____
NAME OF EMPLOYER GROUP NUMBER