



Culinary Health Fund

1901 Las Vegas Blvd., South
Suite 107
Las Vegas, NV 89104

RE: Participant Number:

Participant Name:

Patient:

Relationship:

Claim Number:

Dear Participant:

We need more information to process this claim:

We need answers to some questions before we can process the claim for you and your family members. We update our records once a year. So, it will also help us process any other claims we have for you and your family. Please follow these steps to get us the information we need.

- 1) Read this entire letter
- 2) Answer the questions on the last page for each of your family members
- 3) Mail all pages of the completed letter to:

Culinary Health Fund
1901 Las Vegas Blvd., South
Suite 107
Las Vegas, NV 89104

Questions? Please call our Customer Service Office at 702-733-9938. We're open Monday to Friday from 7:30am to 6pm.

Sincerely,

Culinary Health Fund



Please answer these questions

1) Is your dependent (spouse, adult son or adult daughter) employed? Please check 1 box.

☐ Yes Employer's Name _____

☐ No

2) Is your dependent (spouse, adult son or adult daughter) covered by his or her employer's health plan?

☐ Yes

☐ No

Please provide the reason (please check 1 box):

☐ Insurance not offered

☐ Spouse, adult son or adult daughter does not work

☐ Spouse, adult son or adult daughter is eligible but did not sign up

☐ Part time employee - not eligible for health plan

☐ New employee - will be eligible on: _____
Date (mm/dd/yy)

3) If your dependent (spouse, adult son or adult daughter) are covered by another health plan, indicate the following:

Type of insurance company (please check 1 box):

☐ Group

☐ Individual

☐ Other

Name of insurance company:

Insurance company's address:

Name of Insured person:

Insured person's date of birth (mm/dd/yy):

Policy Number:

Effective date (mm/dd/yy):

Termination date (if applicable):

How claims are processed when you have more than 1 insurance

Your provider should send your claims to your other health insurance carrier. If that insurance should pay first, they will process your claims. Then, they will send you an "Explanation of Benefits (EOB)". It explains how the claim was paid.

I received the EOB for this claim from my other insurance. What should I do with it?

Drop off or mail a copy of it to the Customer Service Office at 1901 Las Vegas Blvd., South, Suite 107, Las Vegas, NV 89104. That way, we can finish claims processing.

