



Date: _____

Employee: _____

Address: _____

City, State, Zip Code: _____

RE: Name: _____

Dear Mr/Mrs/Ms _____:

Your Group Insurance Plan has enacted the Health Insurance Portability and Accountability Act of 1997 (HIPPA). This law states that if you had insurance coverage prior to your current plan and that coverage did not lapse for more than 63 days, you may receive credit for this coverage. Any credit will reduce your current plan's pre-existing limitation time period.

Please submit a "Certificate of Creditable Coverage" from your previous employer or insurance carrier for consideration of any applicable credit.

If you did not have previous insurance coverage, please let us know. The plan's full pre-existing limitation will apply.

If you should have any questions, please contact our office at 888-419-6139 or 623-889-7200.

Our mailing address is PO Box 71490, Phoenix, Arizona, 85050

Sincerely,

Tribal Health Partners
Claims Department