



Deductible credit and out-of-pocket maximum form

Get credit for the amount you've paid toward your deductible and out-of-pocket maximum for your current plan year.* To establish this amount, please fill out this form (one per family).

For assistance filling out this form, please log in to your previous carrier's member portal and attach a copy of your most recent explanation of benefits (EOB) to this form. Use the amounts from that EOB to fill out the amounts below. If you receive another EOB after you submit this form for your credit, you will need to send the new EOB to Moda Health so you can receive credit for those amounts as well.

Moda Health member ID no. <i>(found on the ID card mailed to you)</i>		Moda Health group no. <i>(found on the ID card mailed to you)</i>	
Subscriber name (please print)			
Subscriber address		City	State ZIP
Employer name			
Employer address		City	State ZIP

Please list, separately, the dollar amount met by each member of your family covered by the Moda Health plan.

Name (list the name of each covered family member)	Date of birth (mm/dd/yyyy)	Deductible amount met for this year	out-of-pocket amount met for this year
Subscriber		\$	\$
Spouse		\$	\$
Child		\$	\$

I certify that the above information is accurate and complete to the best of my knowledge. I have attached the most recent EOB from my previous carrier for each member listed on this form.

Signature X	Date
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Ready to submit? Fax this form to Moda Health at 888-217-2363 or email to medical@modahealth.com.

Questions? Contact a customer service representative at 855-522-9807.

modahealth.com