## **true**health

## **Employer Group Report Request Form**

## **Contact Us**

• Online: <a href="http://www.truehealthnewmexico.com/contact-us/">http://www.truehealthnewmexico.com/contact-us/</a>

• Phone: Customer Service, **1-844-508-4677**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

## **Submit Form**

Name:

• By fax: 1-800-734-1596

• By email: claims@truehealthnewmexico.com

| Requestor's | Information |
|-------------|-------------|
|-------------|-------------|

| Emai                 | nail: Relation:  |  |  |
|----------------------|--|--|--|
|                      |  | $\square$ Agent of Record (Broker) $\square$ Employer Representative |  |
| Employer Group Name: |  | Group ID:  |  |
|                      |  |  |  |
| Repo                 | rt Type  |  |  |
|                      | Employer Group Accumulator Report (will include deductible/out-of-pocket)  What is the time frame (date range) of the request? Start date: End date: |  |  |
|                      |  |  |  |
|                      | Employer group's termination date:   |  |  |
|                      | Report will be delivered to another carrier. Carrier Name:   |  |  |
|                      | Carrier Contact Name:  | Email:   |  |
|                      | lote: Report will be run 30 days after the group terms. Delivery will be 5 weeks after the group   |  |  |
|                      | terms.   |  |  |
|                      | Individual Member Accumulator Report (will include deductible/out-of-pocket)   |  |  |
|                      | Member Name:   | Member ID:   |  |
|                      |  |  |  |
|                      | What is the time frame (date range) of the request? Start date: End date:  |  |  |
|                      | Report will be delivered to the member by: ☐ Mail or ☐ Email on member's account.  |  |  |
|                      | Employer Group Experience Report   |  |  |
|                      | What is the time frame (date range) of the request? Start date: End date:  |  |  |
|                      | Report will be delivered to the Broker (agent of record) and the group contact.  |  |  |
| _                    | High Claimant Report   |  |  |
|                      | What is the time frame (date range) of the request? Start date: End date:  |  |  |
|                      | Report will be delivered to the Broker (agent of record) and the group contact.  |  |  |

Phone Number:

If a report is delivered to someone other than the requestor, a confirmation email will be sent to the requestor once the report is delivered to the contact listed above.

Report delivery may take up to 5 weeks.