

# Patriot Healthcare

## Commonly Requested Forms

*When to use them and where to send them*

### Member Enrollment Form

- To be completed by current employees during open enrollment or new hires throughout the plan year. You can either fax or mail the form to Patriot's Enrollment Department
- For GROUPS WITH 1-50 EMPLOYEES: Enrollment form must be accompanied by a Standard Family Health Statement.
- Fax to: Patriot Enrollment Department, Attn: Pam Eaton at 603.773.4420; to ensure receipt of fax or request acknowledgement, please call Pam at 603.773.4570
- Mail to: Pam Eaton, Patriot Healthcare, 37 Industrial Drive Suite E, Exeter, NH 03833-4593 (email at [eatonp@cbaebpa.com](mailto:eatonp@cbaebpa.com)).

### Standardized Health Statement

- To be completed by all employees enrolling in the plan at companies with 1-50 employees. This form must accompany the member enrollment form submission, and must be fully completed. All new hires, regardless of company size, must complete this form at the time of enrollment.

### Member Expense Summary Form

- To be completed by the member at the time of enrollment to obtain credit towards their Patriot deductible from prior carrier in the same calendar year. *Applicable only at initial enrollment and required within 90 days of enrollment.*
- Please follow the instructions form.
- Mail form and receipts to: Mary Grannan, Patriot Healthcare, P.O. Box 2000, Exeter, NH 03833-2000 (email at [mccormj@cbaebpa.com](mailto:mccormj@cbaebpa.com)).

### Member Notice of Change Form

- To be completed by Human Resources when there is a qualifying event, such as an address change, birth, marriage, or loss of coverage for dependent or spouse. This form should be submitted within 31 days of the membership change and can be faxed or mailed to Patriot Enrollment Department.
- Fax to: Pam Eaton at 603.773.4420; to ensure receipt of fax or request acknowledgement, please call Pam at 603.773.4570
- Mail to: Pam Eaton, Patriot Healthcare, 37 Industrial Drive Suite E, Exeter, NH 03833-4593 (email at [eatonp@cbaebpa.com](mailto:eatonp@cbaebpa.com)).

### **Member Claim Form**

- To be completed by the member for out-of-network medical services or pharmacies; or, if the member was unable to provide their member ID card at the time of services to a Patriot provider.
- Please follow the instructions form.
- Mail form and receipts to: Mary Grannan, Patriot Healthcare, 33 South Commercial Street, Manchester, NH 03101 (email at [mgrannan@patriothealthcare.com](mailto:mgrannan@patriothealthcare.com)).

### **Domestic Partner Affidavit**

- To be completed by the member *IF* their employer is offering domestic partner coverage under their contract with Patriot Healthcare. This form can either be faxed or mailed to Patriot.
- Fax to: Pam Eaton at 603.773.4420; to ensure receipt of fax or request acknowledgement, please call Pam at 603.773.4570
- Mail to: Pam Eaton, Patriot Healthcare, 37 Industrial Drive Suite E, Exeter, NH 03833-4593 (email at [eatonp@cbaebpa.com](mailto:eatonp@cbaebpa.com)).

### **Dependent Student Certification Form**

- To be completed by the member in order for students between the ages of 19 and 25 to remain eligible for coverage under their parents plan. This form can either be faxed or mailed to Patriot.
- Fax to: Pam Eaton at 603.773.4420; to ensure receipt of fax or request acknowledgement, please call Pam at 603.773.4570
- Mail to: Pam Eaton, Patriot Healthcare, 37 Industrial Drive Suite E, Exeter, NH 03833-4593 (email at [eatonp@cbaebpa.com](mailto:eatonp@cbaebpa.com)).

### **Incapacitated Dependent Child Authorization Form**

- To be completed by the member in order for incapacitated child over the age of 19 to remain or be eligible for coverage under their parents plan. This form can either be faxed or mailed to Patriot.
- Fax to: Pam Eaton at 603.773.4420; to ensure receipt of fax or request acknowledgement, please call Pam at 603.773.4570
- Mail to: Pam Eaton, Patriot Healthcare, 37 Industrial Drive Suite E, Exeter, NH 03833-4593 (email at [eatonp@cbaebpa.com](mailto:eatonp@cbaebpa.com)).

### **Termination Form**

- To be completed by the employer for the purpose of notifying the Health Plan provider of termination of employment.
- Fax to: Pam Eaton at 603.773.4420; to ensure receipt of fax or request acknowledgement, please call Pam at 603.773.4570
- Mail to: Pam Eaton, Patriot Healthcare, 37 Industrial Drive Suite E, Exeter, NH 03833-4593 (email at [eatonp@cbaebpa.com](mailto:eatonp@cbaebpa.com))