



To coordinate medical benefits, please let us know if you or your family has other medical coverage. If you have any questions, please feel free to contact our Third Party Recovery specialist at (915) 298-7198, ext. 1048 from 8:00 a.m. to 5:00 p.m.

If other coverage exists, please provide the following information:

Primary Subscriber's name: _____

Relationship to Primary Subscriber: Self _____ Spouse _____
Dependent Child ___Other_____

Name of family members covered under this plan: _____

Date of birth: _____

Employer's name: _____

Employer's address & telephone number: _____

Policy/plan name: _____

Policy ID: _____

Group #: _____

Policy phone number: _____

Policy's effective date: _____

Due to the regulatory requirements, we must receive this request within 45 days from the date of this letter or your claims will be denied.

Please mail back to: Preferred Administrators
1145 Westmoreland Dr.
El Paso, TX 79925