

Tri Medical Rehab Supply

Important Notice Regarding Primary Insurances

(If Applicable)

In addition to Medicaid or a Medicaid MCO, our records indicate that the patient receives benefits from another insurance carrier. For the purposes of this mailing, we will refer to this other insurance carrier as the primary insurance. Rules and Regulations stipulate that we must bill that insurance company prior to billing Medicaid. Medicaid is always the payer of last resort (Medicaid only cover copays, deductibles, and items that are not covered by the primary insurance when a primary insurance exists). In most instances, the primary insurance will not cover incontinence supplies, however, we must still bill them. If incontinence supplies are not a covered benefit, they will deny the claim and then issue an EOB (explanation of benefits) to either the patient directly or to Tri Medical. If the EOB goes directly to the patient, the patient **must then forward that EOB** to Tri Medical to resume services. If the primary insurance does cover the incontinence supplies, they will issue a check either directly to the patient or to Tri Medical. If the check goes directly to the patient, the patient **must forward that check** to Tri Medical or the services will cancel and the patient will receive a bill for the items provided.

Please provide the following information.

Primary Insurance Company Name: _____

Name of the Subscriber: _____

Identification Number: _____

Group Number: _____

Claims Address: _____

Once your product has been received, Tri Medical will bill your primary insurance carrier. Be on the look out for either the denied EOB or the payment for the service. If these items are not forwarded to us within 8 weeks of the initial delivery date, all future services will be held until the item(s) are received.

Please indicate that this notice has been received and is understood by signing and dating below, and then sending it to our office with the self-addressed envelope provided.

Patient Name: _____

Legal Guardian: _____

Signature: _____ Date: _____