



Kidney Health Care Program Insurance Update Form

Instructions:

1. Complete this form to request an insurance update. If you have questions, call 800-222-3986.
2. You may fax this form to 512-776-7162, Attention: Insurance Update.
3. Also attach a copy of the insurance card, front and back.

Client Information	
Client's Name:	Client ID:
Name of person reporting:	Client's Modality:
Email:	
Phone No.:*	Date:

*Phone number where you can be reached for information, if needed.

Type of Insurance		
Medicare supplement	Advantage plan	Private Insurance
Termination of coverage	Add new insurance	Change of insurance/benefits

Insurance Name:	Insurance Phone No.:
Policy ID:	
Group ID:	
Policy Holder Name:	
Policy Holder SSN.:	
Effective Date of Coverage:	

If private insurance terminated, does the client now have an active Part D Plan? (If yes, the **Kidney Health Care Medicare Part D Update Form** must also be completed and submitted).

Yes

No

If insurance terminated over a month ago, who has been assisting with prescriptions?

This form is intended only for the individual or organization to which it is addressed and may contain information that is privileged or confidential. If the reader of this information is not the intended recipient, or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that dissemination or copying of this material is strictly prohibited. If you have received this material in error, please notify us at 800-222-3986.