



Proof of Satisfied Deductible with Prior Carrier

This is a deductible credit form that will facilitate the processing of your claim. If you have satisfied all or a portion of your deductible prior to the effective date of Vytra coverage, please include this form and the most recent explanation of benefits from to the previous carrier with your claim.

Employee Name: _____

Social Security No.: _____

Dependent Name: _____
if applicable

Employer Name: _____

Policy Number: _____

Special Note: _____

The most current explanation of benefits from your prior carrier is attached.

Signature