

Insurance Carrier Co-pay Information Form

When the take care card is used for health care items at a drugstore, superstore or grocery store, the payment is automatically verified at checkout for IRS purposes. However, when the card is used for a co-payment at the doctor's office, we must have a co-pay amount on file in order to automatically verify the card payment. That is why we must have co-pay information for each of your health, dental and vision plans. When the card is used to pay for other health care items, we will request receipts to verify the card was used for IRS qualified items.

Please complete for each health (medical, dental, vision or prescription) plan (see the sample on page 2). If you would prefer, you can simply complete the top section of the form and attach the benefit summary for each health plan.

Company Name: _____

Contact: _____ Phone: _____

Email _____

Type of Plan		Co-Pay Amounts	
Carrier	Individual Insurance co-pays for covered services	In-Network	Out-of-Network
Health Plans			
Dental Plans			
Vision Plans			

You can upload a scanned copy of this form and, if applicable, the benefit summary at our website, http://www.takecarewageworks.com/er/er_ea.html. Click on Express Login. After you have logged in, go to "Employer Information" and "File Exchanger: Upload," attach and submit the file. If you prefer, you can fax the form(s) to 877-220-3251.

Sample Insurance Carrier Co-Pay Form

Type of Plan		Co-Pay Amounts	
Carrier	Individual Insurance co-pays for covered services	In-Network	Out-of-Network
Health Plans			
ABC Health Insurance Company	Prescription – Generic	\$20	\$40
ABC Health Insurance Company	Prescription – Formulary	\$30	\$60
ABC Health Insurance Company	Prescription – non-formulary	\$40	\$60
ABC Health Insurance Company	Office Visit Co-pay	\$25	\$50
ABC Health Insurance Company	Preventative Care	\$0	\$100
ABC Health Insurance Company	In-patient hospital	\$100	\$300
ABC Health Insurance Company	Emergency Care	\$150	\$300
ZZZ Healthcare Co.	Prescription – Generic	\$10	\$20
ZZZ Healthcare Co.	Prescription – Formulary	\$20	\$40
ZZZ Healthcare Co.	Prescription – non-formulary	\$30	\$60
ZZZ Healthcare Co.	Office Visit Co-pay	\$20	\$50
ZZZ Healthcare Co.	Preventative Care	\$0	\$100
ZZZ Healthcare Co.	In-patient hospital	\$100	\$300
ZZZ Healthcare Co.	Emergency Care	\$150	\$300
Dental Plans			
XYZ Dental Insurance Company	Routine Exams	\$25	\$50
XYZ Dental Insurance Company	Fillings	\$50	n/a
XYZ Dental Insurance Company	Crowns/Bridges	\$100	n/a
XYZ Dental Insurance Company			
Vision Plans			
123 Vision Insurance Company	Routine Exam	\$25	\$50
123 Vision Insurance Company	Eyeglasses	\$100	n/a
123 Vision Insurance Company	Contact Lenses	\$100	n/a