

CUSTODY STATUS

Please provide the following information on so that we can determine eligibility for benefits:

Who has legal custody of this dependent? _____

Is there a court order regarding medical/dental insurance coverage?

Yes _____ No _____ If yes, please submit a copy

Is this dependent covered by any other medical or dental insurance?

Yes _____ No _____

If yes, please indicate the name, address, and telephone number for claims questions.

Please respond promptly so that we may process your claim in a timely manner.

FAILURE TO RESPOND TO THIS REQUEST WILL RESULT IN THE CLAIM(S) BEING DENIED.

Employee Signature _____

Sincerely,
Marpai Health

You may upload this form to your member portal or email to csmanagers@marpaihealth.com