

Insurance Verification Form

Date: _____

To whom it may concern:

_____ has applied to Clark County to participate in our Medical Plan. For eligibility purposes, we need to ascertain whether this potential member is offered employer benefits and the parameter of those benefits. For us to be able to assist this member this letter with your business card is required. Your promptness is greatly appreciated.

Please complete the following questionnaire and attach your business card.

1. Does your company provide health insurance?
 - YES or NO
2. Is/will this client be eligible for health insurance benefits?
 - YES or NO
 - If yes,
 - When can the client enroll? Date: _____
 - When will the client receive coverage details?
Date: _____
 - When will the client be eligible for coverage?
Date: _____
 - If known, what would be the client's monthly premium?
\$ _____
3. Does your insurance plan provide drug coverage?
 - YES or NO
 - If yes,
 - What are the co pays? \$ _____
 - If there is a deductible, how much is it? \$ _____
 - Is there an out of pocket maximum? \$ _____
 - If there is a maximum benefit amount, how much is it?
\$ _____

Thank you in advance for your cooperation.

Alisha Barrett

Clark County Social Services

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