



## Request for Personal Information Form

To obtain copies of any personal information ConnectiCare may have on file regarding you, please provide the information requested below and return the completed form to: ConnectiCare, 175 Scott Swamp Rd, Farmington, CT 03032-3124 or fax to: Member Services 860-674-2232. Your copies will be prepared within thirty (30) days after ConnectiCare’s receipt of the completed form. An additional form needs to be completed for each family member and every member over 18 must sign and complete their own form. Please contact ConnectiCare Member Services if you have any additional questions.

\*Please complete the following 2 pages.

<b>Requestor’s Name:</b> _____	<b>Subscriber’s Name:</b> _____
<b>Address:</b> _____	<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Date of Birth:</b> _____	<b>ConnectiCare Member ID Number:</b> _____

I would like to request copies of the following documents, if they are on file at ConnectiCare:  
(Please “☒” all that apply)

**Premium Billing:**

- Collection Letters
- Premium Invoices
- Premium Payment Records

**Dates:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Claims**

- Explanation of Benefits

\_\_\_\_\_

**Pharmacy Claims**

- Explanation of Benefits

\_\_\_\_\_

**Authorizations/Appeals**

- Explanation of Benefits

\_\_\_\_\_

**Behavioral Health**

\*Please contact Optum Health Behavioral Solutions at 888-946-4658 or liveandworkwell.com

**Dental**

\*Request dates prior to January 1, 2019 please contact Benecare at 877-843-4727 option #1

\*\*Request dates after January 1, 2019 please contact DentaQuest at 877-843-4727 option #2



**Delivery Options:**

\*Please choose one method for your request to be sent

To pick up the copies, please call: \_\_\_\_\_ when they are ready.

That ConnectiCare fax the copies to me: \_\_\_\_\_

That ConnectiCare Mail the copies to the following address:

\_\_\_\_\_

That ConnectiCare Securely Email the copies at the following email address:

\_\_\_\_\_

\_\_\_\_\_

**Signature\***

\_\_\_\_\_

**Date Signed\***

\_\_\_\_\_

**Printed Name\***

\_\_\_\_\_

**Subscriber Name\***

\*Fields marked with asterisk are required

**Please return this completed form to ConnectiCare via:**

**Fax:** 860-674-2232

**Mail:**

ConnectiCare, Inc  
Attention: Member Services  
175 Scott Swamp Rd  
Farmington, CT 06032-3124

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ConnectiCare, Inc. is an HMO/HMO POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal.

ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal.

ConnectiCare, Inc. complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1800-224-2273 (TTY: 1-800-842-9710).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-224-2273 (TTY: 1-800-842-9710).

Last update 08.2019