



R H ADMINISTRATORS, INC.
5502 58TH STREET, SUITE 700
LUBBOCK, TEXAS 79414
(806) 794-0844 - Voice
(806) 784-3555 or (806) 784-3556 Fax

Group Name: _____

Group Number: _____

Employee Name: _____

Policy I.D. Number: _____

Patient: _____

OTHER INSURANCE INFORMATION

In order to update our records, please complete the following and return as soon as possible. If we do not receive this information, or if the information is missing or incomplete, claims may be pended or denied.

Are you or any other family member(s) covered by any other insurance(s)?

Yes _____ No _____

If Yes, please list the name of the covered person(s), the name of the policy-holder(s), the birth date of the policy-holder(s), and the name, telephone number, and mailing address of the other insurance company(s).

 Signature of Employee

 Date