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: ______________________________

PROVIDER PRE-EXISTING QUESITONNAIRE

We have received several medical claims for your patient in connection with the above. Upon review of this claim, we find that we need additional information.

1. Patient seen or treated within the 6 months prior to the effective date?

   Yes________ No________

2. If so, for what condition?______________________________
3. Dates symptoms first appeared? ______________________________
4. Date first consulted by patient?______________________________
5. Dates of all subsequent treatment. If more frequent than once a month, merely indicate inclusive dates.______________________________
6. Date patient first advised of this condition by you?______________________________
7. Medication prescribed?______________________________
8. Name and address of referring physician or any other physicians consulted by your patient for this condition?______________________________

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______________________________ ______________________________
Signature Date

Your cooperation is greatly appreciated.