



8310 Clinton Park Drive
 Fort Wayne IN 46825
 (260) 482-7400
 Fax (260) 482-8991
 1-800-837-7400

Pre-Existing Condition Investigation form

Please complete a separate form for each covered person and return to Benicomp, Inc.

Group Name _____ Group # : _____
 Employee Name: _____
 Patient Name: _____ DOB: _____

1. List any condition you have received treatment for or been advised to seek treatment for within the past 6 months.

<i>Condition</i>	<i>Dates of treatment</i>
_____ Asthma	_____
_____ Diabetes	_____
_____ Hypertension (High Blood Pressure)	_____
_____ High Cholesterol	_____
_____ Cancer	_____
_____ OTHER	_____

2. List ALL physicians that you have seen in the past 6 months. Doctor's NAME, ADDRESS, PHONE NUMBER are **REQUIRED**. If not included, form will be returned for completion, causing a possible delay in payment of claims.

3. List all medications you are currently taking, for what condition and the prescribing Dr. (use separate piece of paper if necessary)

4. List any surgeries you have had or been advised to have in the past 6 months.

Upon completion please return this form to:
 Benicomp Inc
 8310 Clinton Park Drive
 Fort Wayne In 46825
 Attn: Tammy Derickson