Physicians Medical Group

EXCEL MSO, LLC
Pathway to Success

Subscriber/Member Information Request Form

Instructions: Complete all **required fields*** in this section and fax to Sabrina/Brittany at **(408) 937-3639.**

Requestor Information

Request Type* _____Eligibility Inquiry _____ Capitation Inquiry _____ Other

Contact Name* _____

Provider Office* _____

Phone* _____ **Fax Number*** _____

Subscriber/Member Information

Patient Name* _____

Date of Birth* _____

Health Plan/Insurance* _____

Insurance ID* _____

Patient Address _____

Comments: _____

NOTE: All payments are subject to the member's updated eligibility, covered benefits, medical policy, and reimbursement schedules. Payment of services is based on the member's participation in the Health plan program at the time of visit.

▼ For EXCEL MSO, LLC use ONLY - REQUEST REPLY ▼

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