

## MY INSURANCE TRACKING SHEET

Primary Insurance	Insurance Company Name	
	Group Number/Name	
	Type of Plan	PPO                      HMO                      POS
	Member Name	
	Member ID	
	Employer Name	
	Insurance Claims Phone Number	
	Case Manager Name	
	Case Manager Phone	

Secondary Insurance	Insurance Company Name	
	Group Number/Name	
	Type of Plan	PPO                      HMO                      POS
	Member Name	
	Member ID	
	Employer Name	
	Insurance Claims Phone Number	
	Case Manager Name	
	Case Manager Phone	

Issue Tracking	Date	
	Representative Name	
	Representative Phone	
	Issue calling about	
	Discussion	
	Follow Up	
	Notes	
	Resolved?	