

MCMS, Inc. - Insurance Trust Fund – Lake Sumter Associate Members OFFICE ADMINISTRATOR QUESTIONNAIRE

Legal Name of Practice – MCMS, Inc.-Insurance Trust Fund-Lake Sumter Associate Members		Tax Number (FEIN)
Mailing Address: City: _____ State: <u>FL</u> Zip: _____ Group Renewal Date: _____ Waiting Period for Coverage: <input type="checkbox"/> 1 st of the month following 30 Days <input type="checkbox"/> 1 st of the month following 60 Days Does your Group Currently have Florida Blue/FCL coverage for: <input type="checkbox"/> Health <input type="checkbox"/> Life <input type="checkbox"/> Dental <input type="checkbox"/> None (Please provide group policy numbers for all above coverage if applicable) _____		
Do you wish to open or continue your <u>Health Equity-HSA*</u> bank account for your group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Florida Blue partners with Health Equity to deliver and manage Health Savings Accounts (HSAs). Selecting yes initiates the process required to open Health Savings Accounts for employees who select HSA compatible plans. There is a fee associated with opening an account through Health Equity.</small>		
Physician Name		E-mail
Office Administrator Name		E-mail
Person to Contact Should Office Administrator be on Vacation or Ill		
Name and Contact info for Accounts Payable		
Business Telephone Number(s) _____		Fax Number(s) _____
Federal COBRA		
Is your group subject to the Federal COBRA Requirements? <small>(20 or more employees)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your office have any former employees active on State or Federal COBRA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Office Administrator: _____		E-mail Address: _____
County Customer Service Rep: <u>Vicki Adams</u>		E-mail Address: <u>VickiAdams@barrettlinerco.com</u>
Barrett, Liner & Buss Billing Rep: <u>Janice Anderson</u>		E-mail Address: <u>JaniceAnderson@barrettlinerco.com</u>
Barrett, Liner & Buss Office Mgr: <u>Thomas Buss</u>		E-mail Address: <u>ThomasBuss@barrettlinerco.com</u>
Are all Physician Owner/Partners Members of:		
Lake Sumter County Medical Association?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Associate Member Marion County Medical Society, Inc.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Last RT-6 Form Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Signature of Office Administrator		_____ Date

Barrett, Liner & Buss, LLC
 PO Box 270
 Ocala, FL 34478-0270
 Phone (352) 622-9124 Fax (352) 622-1050

Local Agent _____
 Address _____
 Phone _____
 E-Mail _____