



## **Berkshire Local Schools**

### **Health Plan Information**

We are able to set up a system that will enable us to work on your behalf to obtain your Explanations of Benefits. If you would be interested in having us get a copy of your Explanation of Benefit so that you will not have to submit them to us, please read and sign the waiver below. Then fax to (866) 539-5643.

I agree to let BBG, Inc establish a username and password with the insurance company. BBG will provide for me the username and password after the registration is completed. I will retain ownership of the password and username but will grant BBG the right to log on my behalf to obtain the EOB information. I reserve the right to change my password at any time. I do understand that changing the password will prevent BBG from obtaining the EOBs on my behalf. If I decide not to allow BBG to obtain this information on my behalf, it will be my responsibility to submit EOBs directly to BBG.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Member ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Zip Code \_\_\_\_\_ \*\* Required Fields\*\*

Email Address: \_\_\_\_\_ \*\* Required \*\*

If you have already established an account with Medical Mutual, we need the following information:

Current User name: \_\_\_\_\_

Current Password: \_\_\_\_\_

(Passwords are case sensitive. Please print and indicate clearly upper and lower case)