

HEALTH INSURANCE CLAIM FORM INSTRUCTIONS

TO THE INSURED:

1. Complete items (1) through (13).
2. Attach itemized bills to the Claim Form. You do not need to have the provider of service complete the claim form if you attach fully itemized bills and/or receipts. Bills and receipts must show:
 - Name of patient and relationship to member
 - Plan identification number of the member
 - Name and address of physician or supplier providing the service or supply
 - Date service or supply was furnished
 - Type of service or supply and the charge
 - Diagnosis

In addition:

- A copy of the Explanation of Benefits from any primary payer (such as Medicare) must be sent with your claim.
- Claims for rental or purchase of durable medical equipment, private duty nursing and physical, occupation and speech therapy require a written statement from the doctor specifying the medical necessity for the service or supply and the length of time needed.
- Claims for overseas (foreign) services should include an English translation. Charges should be converted to U.S. dollars using the exchange rate applicable at the time the expense was incurred.

Cancelled checks, cash register receipts or balance due statements are not acceptable.

TO THE PHYSICIAN OR SUPPLIER:

1. The physician or supplier must complete items (14) through (33).

(Partial List)

PLACE OF SERVICE CODES:

11 - Office	41 - Ambulance-Land
12 - Home	42 - Ambulance-Air, Water
21 - Inpatient Hospital	51 - Inpatient Psychiatric Facility
22 - Outpatient Hospital	52 - Psychiatric Partial Hospitalization
23 - Emergency Room Hospital	55 - Substance Abuse Treatment Center
24 - Ambulatory Surgery Center	56 - Psychiatric Treatment Center
31 - Skilled Nursing Home	61 - Inpatient Rehabilitation Facility
32 - Nursing Facility	62 - Outpatient Rehabilitation Facility
33 - Custodial Care Facility	81 - Independent Lab
34 - Hospice	99 - Other

TYPE OF SERVICE CODES:

1 - Medical Care
2 - Surgery
3 - Consultation
4 - Diagnostic X-Ray
5 - Diagnostic Lab
6 - Radiation/Chemotherapy
7 - Anesthesia
8 - Assistant Surgery
F - ASC Facility Charge
T - Psychological Therapy