



New York State Government Employees Health Insurance Program

HEALTH INSURANCE CLAIM FORM

Form with multiple sections: 1. MEDICARE/MEDICAID/CHAMPUS/CHAMPVA/OTHER; 2. PATIENT'S NAME; 3. PATIENT'S BIRTH DATE; 4. INSURED'S NAME; 5. PATIENT'S ADDRESS; 6. PATIENT RELATIONSHIP TO INSURED; 7. INSURED'S ADDRESS; 8. PATIENT STATUS; 9. OTHER INSURED'S NAME; 10. IS PATIENT'S CONDITION RELATED TO; 11. INSURED'S POLICY GROUP OR FECA NUMBER (30500); 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE; 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE; 14. DATE OF CURRENT ILLNESS; 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS; 16. DATES PATIENT UNABLE TO WORK; 17. NAME OF REFERRING PHYSICIAN; 18. HOSPITALIZATION DATES; 19. RESERVED FOR LOCAL USE; 20. OUTSIDE LAB?; 21. DIAGNOSIS OR NATURE OF ILLNESS; 22. PRIOR AUTHORIZATION NUMBER; 23. TABLE OF PROCEDURES, SERVICES, OR SUPPLIES; 24. FEDERAL TAX I.D. NUMBER; 25. PATIENT'S ACCOUNT NO.; 26. ACCEPT ASSIGNMENT?; 27. TOTAL CHARGE; 28. AMOUNT PAID; 29. BALANCE DUE; 30. SIGNATURE OF PHYSICIAN OR SUPPLIER; 31. NAME AND ADDRESS OF FACILITY; 32. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #.

CARRIER (upward arrow) PATIENT AND INSURED INFORMATION (downward arrow) PHYSICIAN OR SUPPLIER INFORMATION (downward arrow)

PLEASE ASK PROVIDER TO TYPE THIS FORM

INSURANCE FRAUDS PREVENTION ACT

The following statement is printed pursuant to Regulation 95 of the New York State Insurance Department:

“Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

PLEASE MAIL CLAIMS TO: United HealthCare Insurance Company of New York
P.O. Box 1600
Kingston, New York 12402-1600
1-877-7NYSHIP (1-877-769-7447)