

Employer Name
Group (policy) Number

A. SUBSCRIBER/EMPLOYEE INFORMATION

Subscriber # or SSN: - -		Phone # : ()	
Last Name:	First Name:	MI:	Date of Birth: / /
Home Address:		New Address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City:	State:	ZIP Code:	
Spouse Last Name:	First Name:	MI:	Spouse Date of Birth / /

B. Patient Information

Subscriber # or SSN: - -		Phone # : ()	
Last Name:	First Name:	MI:	Date of Birth: / /
Home Address:		New Address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City:	State:	ZIP Code:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Relationship to Subscriber:	Full Time Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	School Name: School Phone: ()

C. ACCIDENT INFORMATION

Work Accident: Yes <input type="checkbox"/> No <input type="checkbox"/>	Auto Accident: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Accident Occurred: / /
How did the accident happen?		

D. OTHER INSURANCE

Is the patient covered by another insurance plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the following.	
Name of person carrying other insurance:	Date of Birth: / /
SSN: - -	Name of Other Insurance Carrier:
Policy Number:	Employer Name:

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESENTATION OR ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES.

X

Subscriber Signature:

X

Date:

E. Assignment of Benefits

Please sign below *only if you want UnitedHealthcare to pay benefits directly to the provider of medical services.*

X

Subscriber Signature:

X

Date:

F. GUIDELINES FOR SUBMITTING CLAIMS TO UNITEDHEALTHCARE

- Clip (do not staple) all bills to the completed form and mail them to UnitedHealthcare at the address listed on your ID card.
- Make sure all bills indicate a diagnosis code, procedure code, date of service, place of service, and cost.
- Submit all claims to UnitedHealthcare in a timely manner.
- Be sure to notify your employer of all address changes.
- Please include your Subscriber # or SSN on all documents.