

Important: This form is intended for use by subscribers and covered dependents who receive services from providers outside of the Envolve provider network. Please do not use this form to report services furnished by an in-network provider. No claim form is necessary for in-network services because the provider will submit the claim for you.

Instructions:

1. Enter the requested information in the Patient Information and Subscriber Information sections.
2. Enter the name, address, and telephone number of the provider of service.
3. Print the form.
4. Sign and date the claim form.
5. Attach a "Super Bill" or other itemized receipt which shows a breakdown of services and/or materials you received and mail to:

Envolve Benefit Options
PO Box 7548
Rocky Mount, NC 27804

For questions regarding completion of this form, please call (877) 615-7732.

PATIENT INFORMATION

Patient's Name (Last, First, MI)		Patient's Member ID Number	
Patient's Relationship to Subscriber/Employee:		Patient's Date of Birth	Date of Service
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			

SUBSCRIBER/EMPLOYEE INFORMATION

Subscriber/Employee Name (Last, First, MI)		Subscriber/Employee Date of Birth	
Subscriber/Employee Address: If this is a new address, please check here <input type="checkbox"/>			
House/Apartment Number and Street Name		City	State Zip Code

PROVIDER INFORMATION

Provider's Name		Provider's Address	

NOTE TO ALL PARTIES COMPLETING THIS FORM: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
When the Discounted Price on Materials is less than that maximum benefit, insurance will pay the lesser amount (less copay). The undersigned hereby certifies the above-mentioned exam and materials were purchased on the date of service stated above.

Employee's Signature	Date:

To expedite your claim:

- Please note that it is important that the documentation you attach identify the service(s) that were provided; therefore we are unable to accept copies of cancelled checks or "Balance Due" receipts.
- The claim form must be completed in its entirety.
- Print legibly. Illegible forms may be returned or result in delayed processing.
- Don't forget to sign the claim form!