MEDICAL EXPENSE
Claim Form and Instructions

GeoBlue®
GeoBlue is the trade name of Worldwide Insurance Services, LLC, an independent licence of the Blue Cross and Blue Shield Association.

1. PATIENT INFORMATION

Member ID	*Please enter Member ID as shown on card*														

Patient's Name *(Given Name, Family Name)*	Patient's date of birth (MM/DD/YYYY)	Patient's Gender			
		○	*Male*	○	*Female*

Name of Insured Member *(Given Name, Family Name)*	Insured's date of birth (MM/DD/YYYY)	Patient's Relationship to Insured					
		○	*Self*	○	*Spouse*	○	*Child*

Employer of Insured Member	Insured's current mailing address
Member Email	Member Phone Number

2. OTHER HEALTH INSURANCE

Is the patient covered under other health insurance?	○	*Yes*	○	*No*	*If YES, please complete this section*

Name and address of other insurance company	Name of the Policy Holder

Policy Holder's Date of Birth	Policy or identification number of other coverage	Effective Date (MM/DD/YYYY)	Termination Date (MM/DD/YYYY)

3. DIAGNOSIS – *describe illness, injury or symptoms requiring treatment in the space below*

Was patient's treatment due to an accident?	○	*Yes*	○	*No*	*If YES, please describe the accident below including the date it occurred*
Was this a work related accident?	○	*Yes*	○	*No*	*If the accident was caused by someone else, attach a statement describing the accident*

4. CHARGES – *use a separate line to list each type of service or provider and attach itemized bills for all services*

Name, City & Country of provider making charge	Diagnosis	Description of service	Dates of Service	Charges

5. PAYMENT DETAILS

○	Make payment to the provider	*If payment is to be paid to the provider, please ensure bank information is on the provider invoice*				
○	Make payment to Primary Insured	Reimbursement Method:	○	US Dollar Check	○	Bank Wire Transfer (complete below)

When possible, utilizing US bank accounts is recommended to avoid unnecessary fees by the receiving bank. U.S. bank accounts (only) wires will be completed via ACH which generally eliminates or reduces wire transaction fees.

Account Holder's Name – *Must be: Principal Member (Policyholder)*	Bank Name	
Bank Address - City & Country	Currency of Reimbursement	Bank 9 digit ABA Number - *US Banks*

Bank 8 or 11 digit SWIFT Code - *NON-US Banks*	Bank Account Number	SORT Code	Bank IBAN

Intermediary Bank Details (If Applicable)		
Name of Intermediary Bank	Intermediary Bank SWIFT Code	Intermediary Bank Account Number

6. SIGNATURE

I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the patient named above. Authorization is hereby given to any provider of service, that participated in any way in the patient's care, to release to GeoBlue and its business associates in any country any medical or other personal information that they deem necessary to provide service or adjudicate this claim, recognizing that applicable law concerning personal information may differ among countries. Please see the back of this form for important information.

Signature of Insured member or patient		Date	

FRAUD NOTICE

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

Kentucky: 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.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 $5,000 and the stated value of the claim for each violation.

Ohio: 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.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

INSTRUCTIONS FOR FILING A CLAIM

The following steps will assist you in filing claims. **Please note that submitting an incomplete form will result in the delay of processing your claim.**

For Parts 1 – 4 of the claim form:

- Please submit a separate claim form for each patient.
- Please be as descriptive as possible.
- Submitted bills must be **itemized** – canceled check, cash register receipts and non-itemized "balance due" statements **cannot be** processed.
- An Itemized bill is a full description of all actual charges and each itemized bill must include:
  - Name and address of provider (doctor, hospital, laboratory, ambulance service, etc.), name of patient, date(s) of service, amount charged for each service described, diagnosis or reason for treatment.
- Submitted bills for Prescriptions should include the name of the drug, the quantity dispensed and the dosage.

To accurately complete Part 5., Payment Details:

- Payments are made to the **Primary Participant/Insured Member on the plan.** Payments cannot be made directly to a dependent or to a third party (other than the medical provider).
- For funds sent to an international bank account, the bank IBAN number is mandatory.
- For payments made via wire transfer/ACH, the Primary Participant/Insured Member must be listed as an account holder on the bank account receiving funds.
- **If paying international provider, invoice must include bank information.**

SEND COMPLETE CLAIM FORMS, WRITTEN INQUIRIES AND ADDRESS CHANGES TO ADDRESS BELOW

GeoBlue®

One Radnor Corporate Center, Ste 100, Radnor, PA 19087

Member Services: +1.610.254.5850
1.855.481.6647 (U.S. Toll Free)
Claims Submission Fax: 1.610.482.9623
Claims Submission Email: claims@geo-blue.com