NetApp

Policy # 752159
Fax #: (801) 567-5497

UnitedHealthcare

P.O. BOX 30555
Salt Lake City, UT 84130-0555

# HEALTH CLAIM TRANSMITTAL

## A. SUBSCRIBER/EMPLOYEE INFORMATION

| | | | |
|---|---|---|---|
| Subscriber/Employee # (SSN): | | Phone #: | |
| Last Name: | First Name: | MI: | Date of Birth: |
| Home Address: | | | New Address: Yes ☐ No ☐ |
| City: | State: | | Zip Code: |
| Spouse Last Name: | First Name: | MI: | Spouse Date of Birth: |

## B. PATIENT INFORMATION

| | | | | |
|---|---|---|---|---|
| Last Name: | First Name: | MI: | Date of Birth: | |
| Home Address: | | | | |
| City: | State: | | Zip Code: | |
| Sex: M ☐ F ☐ | Relationship To subscriber: | Full Time Student: Yes ☐ No ☐ | School Name: | School Phone #: |

## C. ACCIDENT INFORMATION

| | | |
|---|---|---|
| Work Accident? Yes ☐ No ☐ | Auto Accident: Yes ☐ No ☐ | Date Accident Occurred: |
| How did the Accident Occur: | | |

## D. OTHER INSURANCE

| | |
|---|---|
| Is the patient covered by another plan? Yes ☐ No ☐ If yes, please complete the following | |
| Name of the person carrying other insurance: | Date of Birth: |
| SSN #: | Name of Other Insurance Carrier: |
| Policy Number: 752159 | Employer Name: NetApp |

**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.**

Member Signature: _____ Date: _____

## E. ASSIGNMENT OF BENEFITS

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

Signature: _____ Date: _____

## GUIDELINES FOR SUBMITTING CLAIMS TO UNITEDHEALTHCARE

- Submit a separate claim form per patient, per provider.
- Clip, do not staple, all bills to the completed form and mail them to UnitedHealthcare at the address above.
- Make sure all bills indicate a diagnosis code, procedure code, date 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 Subscrimer/Employee Number on all documents.