

## MEDICAL CLAIM FORM INSTRUCTIONS

1. Use a separate claim form for each family member. If the bill shows expenses for more than one family member, highlight the family member's name that matches the claim you are submitting.
2. Complete all sections of the claim form.
3. All bills must include the patient's name, date of service, billed charge, and diagnosis. Charges may be submitted by having your doctor complete an Attending Physician's Statement which your doctor will provide. Do not submit copies, cash register receipts or cancelled checks. Make copies of all claims before mailing. The claims office cannot make copies for you.
4. If HealthSCOPE Benefits is not the primary carrier for this claim, submit an original Explanation of Benefits (EOB) from the primary payer and copies of the bills. Claims cannot be processed without the other plan's EOB.
5. Payments are made to you unless you tell us otherwise on the claim form. If you want benefits paid directly to a provider, please select "Yes" where asked on the claim form.
6. Sign and date the bottom of the claim form. By signing, you are confirming that the information provided is correct. You are also authorizing release of information necessary to process your claim.
7. Submit claims with the completed claim form to the address listed on your ID card.

## CLEAN CLAIM

A "clean claim" means a completed UB04 form or HCFA 1500 form. If the provider doesn't complete one of these forms, a clean claim should include the following:

- The provider's name and tax ID number;
- The date of service;
- The procedure and diagnosis codes with the provider's billed charge;
- The name of the employer;
- The policy number on the ID card;
- The employee's name, home address and ID number on the ID card;
- The patient's date of birth.

A clean claim does not include a claim with missing information, or claims for coordination of benefits or subrogation.