

Health benefits claim form

To be completed by member or authorized representative



Instructions:

1. Complete **ALL** information requested below. We require the following information to make a decision:
 - Receipt or other proof of your payment
 - An itemized statement from the provider showing the services provided with the date(s) of service for those services
 - The following information (if not included on the provider’s itemized statement): revenue code(s), if applicable; CPT and/or HCPCS codes, if applicable; diagnosis code(s) and the place of treatment
2. A completed form cannot include information for multiple family members, for multiple providers or for multiple accidents/illnesses. Use a separate form for each family member, each provider and each accident or illness.
3. Enclose ORIGINAL itemized bills. Please keep a copy for your records.
4. ASSIGNMENT: If you wish benefits to be paid directly to the physician or provider of service, sign the Direct Payment block below (item 13 below). (NOTE: Benefits for hospital confinement will be paid directly to the hospital.)
5. Mail completed form to the address on the back of your member ID card.

1. Member name (Last) (First) (M.I.)

2. Member ID 3. Group number

H _____

4. Member home address

5. Group name

6. Member birth date 7. Authorized person’s birth date

8. Authorized person’s name (Last) (First) (M.I.)

9. Authorized person’s relationship to member

10. Service Date(s)		Place of service* (from list below)	Was service furnished via audio/ video? Check one		CPT/ HCPCS code (Service description)	Diagnosis code	Charge per unit/day	Number of units/ days	Total charge
From	To								
			Y	N					
			Y	N					
			Y	N					
			Y	N					
			Y	N					
			Y	N					

*Place of Service Codes (Where you were when you received the service(s) listed above)

11 - Doctor’s Office

12 - Patient’s Home

19 - Hospital Outpatient Department (off-campus)

20 - Urgent Care

21 - Inpatient Hospital

22 - Hospital Outpatient Department (on-campus)

23 - Emergency Room

24 - Ambulatory Surgical Center

31 - Skilled Nursing Facility

32 - Nursing Home

41 - Land Ambulance

42 - Air Ambulance

51 - Psychiatric Facility Inpatient

55 - Residential Substance Abuse Treatment Facility

72 - Rural Health Clinic

81 - Independent Laboratory

99 - Other Location

11. Provider (facility, professional or other type of supplier) information

Name of professional (Use “N/A” if claim is **not** for services furnished by a professional.)

Name of group if professional is in a group practice
(Use “N/A” if claim is **not** for services furnished by a professional in a group practice.)

If claim is **not** for services furnished by a professional, please provide the name of the provider
(Use “N/A” if claim is **not** for services furnished by a professional.)

Phone number

Tax ID number

Address (including ZIP code)

Release of information

I authorize the release of any medical information necessary to process this claim. I understand that, as permitted by law, to the extent of benefits paid under this claim, the Plan acquires all rights of recovery I may have against other parties

12. Patient’s or authorized person’s signature

Date

Complete this section below only if payment is to be sent directly to the provider

I hereby authorize payment directly to the provider of services and I understand that I am financially responsible for the hospital, medical, or physician charges not covered by this authorization.

13. Patient’s or authorized person’s signature

Date

State fraud warning statements

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, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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.

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **1-800-794-5907 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **1-800-794-5907 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **1-800-794-5907 (TTY: 711)**:

বাংলা Bengali: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **1-800-794-5907 (TTY: 711)** নম্বরে।

简体中文 Simplified Chinese: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **1-800-794-5907 (听障专线: 711)**。

繁體中文 Traditional Chinese: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **1-800-794-5907 (聽障專線: 711)**。

Kreyòl Ayisyen Haitian Creole: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **1-800-794-5907 (TTY: 711)**.

Hrvatski Croatian: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **1-800-794-5907 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **1-800-794-5907 (TTY: 711)** تماس بگیرید.

Français French: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **1-800-794-5907 (TTY: 711)**.

Deutsch German: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **1-800-794-5907 (TTY: 711)**.

Ελληνικά Greek: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **1-800-794-5907 (TTY: 711)**.

ગુજરાતી Gujarati: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **1-800-794-5907 (TTY: 711)** પર કોલ કરો.

עברית Hebrew: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **1-800-794-5907 (TTY: 711)**.

Hmoob Hmong: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **1-800-794-5907 (TTY: 711)**.

This notice is available at **CarePlusHealthPlans.com/MLI**.

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Italiano Italian: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **1-800-794-5907 (TTY: 711)**.

日本語 Japanese: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**1-800-794-5907 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ Khmer: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយផ្សេងៗដល់សមាជិកបាន។
ទូរសព្ទទៅលេខ **1-800-794-5907 (TTY: 711)**។

한국어 Korean: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
1-800-794-5907 (TTY: 711)번으로 문의하십시오.

Diné Navajo: Saad t'áá jiik'eh, t'áadoole'é binahji' bee adahodooníígií diné bich'i' anídahazt'i'í, dóó lahgo át'éego bee hada'dilyaaígií bee bika'aanída'awo'í dahóló. Kohji' hodíilnih **1-800-794-5907 (TTY: 711)**.

Polski Polish: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **1-800-794-5907 (TTY: 711)**.

Português Portuguese: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **1-800-794-5907 (TTY: 711)**.

ਪੰਜਾਬੀ Punjabi: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।
1-800-794-5907 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский Russian: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **1-800-794-5907 (TTY: 711)**.

Español Spanish: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **1-800-794-5907 (TTY: 711)**.

Tagalog Tagalog: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **1-800-794-5907 (TTY: 711)**.

தமிழ் Tamil: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன.
1-800-794-5907 (TTY: 711) ஐ அழைக்கவும்.

తెలుగు Telugu: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **1-800-794-5907 (TTY: 711)** కి కాల్ చేయండి.

Urdu: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال **(TTY: 711) 1-800-794-5907**

Tiếng Việt Vietnamese: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **1-800-794-5907 (TTY: 711)**.