

# Health Benefits Claim Form

For use with the Humana Family of Health Insurance and Health Plan Companies

**To Be Completed By Member**

<b>INSTRUCTIONS</b>	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 insurance card.

1. Employee/Member Name (Last) (First) (M.I.)	2. Member ID (11 characters):	3. Group Number:
4. Employee/Member Home Address	5. Group Name:	
	6. Employee/Member Birth Date:	7. Patient Birth Date:
8. Patient's Name (Last) (First) (M.I.)	9. Patient's Relationship to Employee:	

10. Services		Place of Service* (From List Below)	Was Service Furnished Via Audio/Video?	CPT/HCPCS Code (Service Description)	Diagnosis Code(s)	Charge Per Unit/Day	Number of Units/ Days	Total Charge
Date(s)								
From	To							
			Check One: <input type="checkbox"/> Y <input type="checkbox"/> N					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			<input type="checkbox"/> Y <input type="checkbox"/> 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 <i>not</i> for services furnished by a professional.)	NAME of group if professional is in a group practice: • _____ (Use "N/A" if claim is <i>not</i> for services furnished by a professional in a group practice.)
If claim is <i>not</i> for services furnished by a professional, please provide the NAME of the provider: • _____ (Use "N/A" if claim <i>is</i> for services furnished by a professional.)	PHONE NUMBER: (   ) - _____ TAX ID NUMBER: _____
ADDRESS (including ZIP code): _____	

RELEASE OF INFORMATION	Complete the Section Below Only If Payment Is To Be Sent Directly To Provider
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.	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.
12. Patient's or Authorized Person's Signature	13. Employee's Signature
Date	Date

*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.*

# State Fraud Warning Statements

Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a false or deceptive statement may be subject to prosecution of fraud. By providing these notices, neither Humana nor its subsidiaries imply that they are authorized to write insurance in all 50 states.

**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 or 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/with this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties. The authorization shall remain in effect for the term of your coverage. You or your designated representative is entitled to receive a copy of this claim form.

**Arkansas:** 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/with this form. Any person who knowingly presents a 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

**Humana**<sup>®</sup>

GCHLRQSEN

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

**Kansas:** Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to prosecution for fraud and guilty of insurance fraud as determined by a court of law.

**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.

**Louisiana:** 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 fines.

**Humana**<sup>®</sup>

GCHLRQSEN

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose 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 RSA 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 five thousand dollars and the stated value of the claim for each such 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.

**Humana**<sup>®</sup>

GCHLRQSEN

**Oregon:** Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

**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.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) and not more than ten thousand (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Rhode Island:** 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 fines and confinement in prison.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a 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.

**Utah:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**Humana**<sup>®</sup>

GCHLRQSEN

**Virginia:** Any person who, with the 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 may have violated state law.

**Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**West Virginia:** 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 fines and confinement in prison.

**Humana**<sup>®</sup>

GCHLRQSEN