

HEALTH CLAIM TRANSMITTAL

UnitedHealthcare®

 A UnitedHealth Group Company

Employer Name
Group (policy) Number
A. SUBSCRIBER/EMPLOYEE INFORMATION

Subscriber# or SSN: _____		Phone #: () _____	
Last Name:	First Name:	MI:	Date of Birth: / /
Home Address:			
City:		State:	
Spouse Last Name:	First Name:	MI:	Zip Code:
Spouse Last Name:	First Name:	MI:	Date of Birth: / /

B. PATIENT INFORMATION

Last Name:	First Name:	MI:	Date of Birth: / /
Home Address:			
City:		State:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Relationship to Subscriber:	Full Time Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	School Name: _____
		School Phone #: () _____	

C. ACCIDENT INFORMATION

Work Accident: Yes <input type="checkbox"/> No <input type="checkbox"/>	Auto Accident: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Accident Occurred: / /
How did the accident occur?		

D. OTHER INSURANCE

Is the patient covered by another insurance plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the following:		
Name of person carrying other insurance:		Date of Birth: / /
SSN: _____	Name of Other Insurance Carrier: _____	
Policy Number: _____	Employer Name: _____	

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.

Subscriber Signature: _____	Date: _____
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E. ASSIGNMENT OF BENEFITS	
Please sign below <u>only if you want UnitedHealthcare to pay benefits directly to the provider</u> of medical services.	
Subscriber Signature: _____	Date: _____

GUIDELINES FOR SUBMITTING CLAIMS TO UNITEDHEALTHCARE	
<ul style="list-style-type: none"> Clip, do not staple, all bills to the completed form and mail them to UnitedHealthcare at the address listed on your ID card. 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 Subscriber# or SSN on all documents. 	