

CLAIM FORM

See reverse side before filing your claim

1. Member Information				↓ This number is necessary to process your claim ↓					
Member's Name			Certificate Number		Group Number				
Street & Number or R.F.D.		City		State		Zip Code			
2. Patient Information									
Patient's Name				Sex M <input type="checkbox"/> F <input type="checkbox"/>		Date of Birth Mo. Day Year		Relationship to Subscriber Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/>	
3. Diagnosis									
What is the Illness or Injury Requiring Treatment?						If Accident, Give Date			
4. Was this a work-related injury or illness?									
						Check one → <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer's Name			Address						
5. Do you have other Group Health Insurance?									
						Check one → <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Other Insurance Company			Type of Insurance		Policy I.D. Number		Contract Number		
Street & Number or R.F.D.		City		State		Zip Code			
6. Are you covered under the Medicare program?									
						Check one → <input type="checkbox"/> Yes <input type="checkbox"/> No			
Patient's Medicare Health Insurance Claim Number _____									
7. Authorization and Signature(s)									
<p>I authorize any health care provider, medically related facility, health care plan, insurance company, and the Medical Information Bureau and their representatives to give Anthem Blue Cross and Blue Shield, Maine Partners Health Plan or their agents any and all information, including complete medical history records and mental health and substance abuse records, for consideration of this claim and all future claims. I certify that the above statements are complete and correct to the best of my knowledge and that I am claiming benefits only for charges incurred by the above named patient.</p>									
Signature of Patient (Parent if Minor) X _____				Date: _____					
Signature of Member or Spouse X _____				Date: _____					

Be sure section 7 is signed.

