

# MEDICAL CLAIM FORM



## A. MEMBER/EMPLOYEE INFORMATION

Member ID#:		Group: 76-410005	Phone #: (      )	
Last Name:		First Name:	MI:	Date of Birth: /      /
Home Address:				New Address: Yes <input type="checkbox"/> No <input type="checkbox"/>
City:		State:		Zip Code:
Spouse Last Name:		First Name:	MI:	Spouse Date of Birth: /      /

## B. PATIENT INFORMATION

Last Name:		First Name:	MI:	Date of Birth: /      /
Home Address:				
City:		State:		Zip Code:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Relationship to Member:	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: /      /
Member ID#:	Name of Other Insurance Carrier:	
Group 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.		
Member Signature: _____		Date: _____

## E. ASSIGNMENT OF BENEFITS

Please sign below <u>only if you want SutterSelect to pay benefits directly to the provider</u> of medical services.	
Member Signature: _____	Date: _____

## GUIDELINES FOR SUBMITTING CLAIMS

- Clip, do not staple, all bills to this completed form and mail them to: UMR, PO Box 30541, Salt Lake City, UT 84130-0541.
- Make sure all bills indicate a diagnosis code, procedure code, date of service and cost.
- Submit all claims in a timely manner.
- Be sure to notify your employer of all address changes.
- Please include your Member Number on all documents.