

Claim form | Medical

IMPORTANT: Use a separate form for each patient. Check the instructions on the back before you file your claim.

Patient's information

First name		Middle initial	Last name		Date of birth (mm/dd/yyyy)
Member ID number (including prefix)		Group number	Phone		Email
Gender Male Female	Patient's relationship to policyholder Self Spouse Child Other (Specify)				
Date of service (mm/dd/yyyy)		Describe the illness or injury requiring treatment			
Was this an accident? Yes No	Date of accident (mm/dd/yyyy)	Where did the accident occur? Home Work School Auto Other:			

Policyholder information

Complete this section only if the patient is different from the policyholder.

Policyholder's first name		Middle initial	Last name		
Street address or P.O. box		City	State	ZIP	

Other insurance

This part must be completed in full before we can determine responsibilities for your claim.

Other insurance?

Yes No *If Medicare or another plan is primary, file the claim with them first. Then send a copy of the other plan's benefit or payment notice with this form (e.g., EOB, remittance, or determination letter).*

Name of other medical insurance company

Policy number of other insurance	Effective date of other insurance (mm/dd/yyyy)
---	---

Has the other insurance company paid?

Yes No *If yes, please send a copy of the other plan's benefit or payment notice with this form (e.g., EOB, remittance, or determination letter).*

I certify the above is complete and correct and that I am claiming benefits for charges incurred by the above named patient.

Signature	Date signed
------------------	--------------------

Important

- We cannot accept canceled checks, payment receipts, or bills that only show a balance.
- All claims need to be filed separately.
- Check with your hospital, physician, or other care providers before submitting a claim yourself.
- If you have already paid for services, include proof of payment from the provider.

Send your completed form and attached documents to:

Mail

Health Advantage
Attn: Claims
P.O. Box 8069
Little Rock, AR 72203-8069

Fax

501-212-8518

Email

customerserviceHA@healthadvantage-hmo.com

General information

Submit your bills in a timely manner. To help us process your claim quickly, make sure all bills are itemized and attached to this form, and that every section of the form is complete. Keep copies of everything you send for your records.

Check your bills for these details:

Physician bills:

Must be on doctor's bill or or health plan form

- Patient's full name
- Date(s) of service
- Description of each procedure code or service
- Itemized statement from physician, must include diagnosis and amount charged for each service
- Diagnosis

Drug bills:

Must be on pharmacy invoice or stationery

- Patient's full name
- Date(s) of purchase
- Prescription number
- Itemized statement from physician, must include diagnosis and amount charged for each prescription
- Name of drug

Nurse bills:

Must include nurse's license or registration number

- Patient's full name
- Nurse's professional status (R.N., L.P.N.)
- Start and end dates of service
- Time & hours worked
- Charges for service
- Nurse's name

Physical Therapy and Speech Therapy bills:

Must be on therapist's stationery

- Patient's full name
- Date(s) of service
- Charge for each service
- Therapist's name

Ambulance bills:

Must be on ambulance firm's letterhead

- Patient's full name
- Mileage of trip
- Charges per mile
- Departure and destination points
- Description of other services (oxygen, equipment, etc.)
- Charges for each service
- Total amount charged

Hospital bills:

- Itemized statement from hospital, must include diagnosis

Durable medical equipment bills:

Must include invoice from supplying firm

Note: Prior approval is required for equipment purchases.

- Patient's full name
- Date(s) of service
- Description of items
- Charge for each item
- Must have supporting statement from physician

Other bills:

Must include invoice from person or organization who provided services:

- Provider's name
- Patient's full name
- Date of service
- Description of service
- Charge for each service

Questions?

Contact Customer Service using the phone number on the back of your member ID card.