



New York State Government Employees Health Insurance Program

HEALTH INSURANCE CLAIM FORM

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

Form with sections: 1. MEDICARE/MEDICAID/CHAMPUS/CHAMPVA/GROUP HEALTH PLAN/FECA BLK LUNG/OTHER; 2. PATIENT'S NAME; 3. PATIENT'S BIRTH DATE; 4. INSURED'S NAME; 5. PATIENT'S ADDRESS; 6. PATIENT RELATIONSHIP TO INSURED; 7. INSURED'S ADDRESS; 8. PATIENT STATUS; 9. OTHER INSURED'S NAME; 10. IS PATIENT'S CONDITION RELATED TO; 11. INSURED'S POLICY GROUP OR FECA NUMBER (30500); 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE; 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE; 14. DATE OF CURRENT ILLNESS; 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS; 16. DATES PATIENT UNABLE TO WORK; 17. NAME OF REFERRING PHYSICIAN; 17A. ID NUMBER OF REFERRING PHYSICIAN; 18. HOSPITALIZATION DATES; 19. RESERVED FOR LOCAL USE; 20. OUTSIDE LAB?; 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY; 22. PRIOR AUTHORIZATION NUMBER; 23. TABLE with columns A-K; 24. FEDERAL TAX I.D. NUMBER; 25. PATIENT'S ACCOUNT NO.; 26. ACCEPT ASSIGNMENT?; 27. TOTAL CHARGE; 28. AMOUNT PAID; 29. BALANCE DUE; 30. SIGNATURE OF PHYSICIAN OR SUPPLIER; 31. NAME AND ADDRESS OF FACILITY; 32. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

PLEASE ASK PROVIDER TO TYPE THIS FORM

**INSURANCE FRAUDS PREVENTION ACT**

The following statement is printed pursuant to Regulation 95 of the New York State Insurance Department:  
"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, 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."

**PLEASE MAIL CLAIMS TO:** United HealthCare Insurance Company of New York  
P.O. Box 1600  
Kingston, New York 12402-1600  
1-800-942-4640