



The Empire Plan

New York State Government Employees Health Insurance Program

UnitedHealthcare
P.O. Box 1600
Kingston, New York 12402-1600
1-877-7NYSHIP (1-877-769-7447)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Form with multiple sections: 1. MEDICARE/MEDICAID/TRICARE/CHAMPVA/... 2. PATIENT'S NAME 3. PATIENT'S BIRTH DATE/SEX 4. INSURED'S NAME 5. PATIENT'S ADDRESS 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS 8. RESERVED FOR NUCC USE 9. OTHER INSURED'S NAME 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE 14. DATE OF CURRENT ILLNESS, INJURY or PREGNANCY (LMP): 15. OTHER DATE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES 19. ADDITIONAL CLAIM INFORMATION 20. OUTSIDE LAB? 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY 22. RESUBMISSION CODE 23. PRIOR AUTHORIZATION NUMBER 24. A. DATE(S) OF SERVICE B. Place of Service C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID QUAL J. RENDERING PROVIDER ID. # 25. FEDERAL TAX I.D. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use 31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH #

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NOTICE: 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.

PLEASE MAIL CLAIMS TO: UnitedHealthcare
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