

USE SEPARATE FORM FOR EACH PATIENT

ACCOUNT NO. (FROM I.D. CARD)

MEMBER IDENTIFICATION NO. (FROM I.D. CARD)

General instructions: Make sure you and your physician or other health care professional fill out this form

- completely in order for you to receive timely reimbursement for paid medical services.
- Type or print requested information.
- Ask your provider(s) to help you complete all information in sections C and D.
- Attach itemized receipts or claim forms for each service. (Do not staple items.)
- A separate reimbursement request form should be completed for each patient.
- Please keep a copy of each itemized bill or receipt for your records.
- Do not submit a form if your physician or other health care professional is also filing a claim to Current Health Solutions for the same service.

	SEX 🗆 M 🛛	F BIRTHDATE	
	Check if	new address	
	City	State	Zip
	TAX ID NUMBER	NPI NUMBEF	۹
	City	State	Zip
Codes for procedures, services or supplies	Diagnosis Code	Charges	Number of Units
		Total Charges	Amount paid by you
	Codes for procedures,	Codes for procedures, Diagnosis Code	

Page 1 of 2

►



E. OTHER INSURANCE INFORMATION				
IS PATIENT COVERED BY ANOTHER MEDICAL PLAN?				
IF YES, INDICATE MEDICAL PLAN NAME	POLICY NUMBER			
	EFFECTIVE DATE OF COVERAGE			
NAME, ADDRESS AND PHONE # OF OTHER CARRIER				
EMPLOYER'S NAME Phone	EMPLOYEE BIRTH DATE			
	SPOUSE'S BIRTH DATE			
 IF YOU ARE ELIGIBLE FOR MEDICARE: Submit bills for all charges except prescription drugs to Medicare first. Make sure you keep a copy of the itemized bill, since you will also need to submit it to Current Health Solutions. You will receive the Explanation of Benefits Statement from Medicare first. Make sure you keep a copy of the itemized bill, since you will also need to submit it to Current Health Solutions. Some physicians and other medical providers will file your Medicare claims directly for you. You need to tell them to send you a copy of the itemized bill also, since you need to send it to Current Health Solutions once you receive Medicare's Explanation of Benefits. F PATIENT AUTHORIZATION To all physicians and other medical professionals, hospitals and other medical care institutions, and to insurers, medical or hospital service and prepaid health plans, employers and group policyholders, contract holders or benefit administrators. You are authorized to provide any benefit plan administrators, consumer reporting agencies, attorneys and independent claim administrators acting on Current Health Solutions' behalf, with information regarding the Patient. This information will be used for the purpose of evaluating and administering claims for benefits. I hereby authorize Current Health Solutions to provide the information relating to medical services and treatment rendered to me and/or my dependents. I understand that the duration of the authorization is for the term of coverage of the policy or contract under which a claim for health benefits has been submitted. I understand that I have a right to receive a copy of this authorization upon request. I agree that a photographic copy of this authorization is as valid as the original. I have furnished the information on this form so that Current Health Solutions may consider this claim. By signing below, I certify the information is correct and the expenses were incurred				
PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	RELATIONSHIP OF AUTHORIZED PERSON DATE			
G. PAYMENT AUTHORIZATION				
PAY TO PROVIDER	PAY TO ME			
□ I authorize benefits to be paid directly to the physician or other provider of service.	□ I authorize benefits to be paid to me. I understand it is my responsibil- ity to pay the physician, hospital, or other provider of service.			
EMPLOYEE / RETIREE / SURVIVOR SIGNATURE DATE	EMPLOYEE / RETIREE / SURVIVOR SIGNATURE DATE			

Before you submit your claim.....

1. Be sure that all fields are completed.

2. Make photocopies of all receipts and completed forms. Receipts will not be returned.

3. Write your Current Health Solutions Member ID number on all paperwork you submit

SUBMIT TO

P.O. Box 1727, Columbus, IN 47202-1727 Call Local: 217.841.7156 or Toll Free: 855.247.3233