



# Claim Filing Instructions

To avoid delays or a return of your claim, please be certain that the itemized bill contains the following information:

- **Patient's** name
- **Patient's** date of birth
- Provider's name and address
- Date of service (**month, day, and year**)
- Type of service received
- Charge for each service rendered
- Diagnosis

REMEMBER: Canceled checks, cash register receipts, personal itemizations, and balance due or paid on accounts statements are not acceptable substitutes for itemized statements.

This Standard Claim Form is to be used for the filing of all fully insured, administrative services only, and third-party administrative account claims.

***Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.***