MEDICAL EXPENSE

Claim Form and Instructions

GeoBlue℠

GeoBlue is the trade name of Worldwide Insurance Services, LLC, an independent licence of the Blue Cross and Blue Shield Association.

1. PATIENT INFORMATION

Member ID	*Please enter Member ID as shown on card*		
Patient's Name *(Given Name, Family Name)*	Patient's date of birth	Patient's Gender	
		Male	*Female*
Name of Insured Member *(Given Name, Family Name)*	Insured's date of birth	Patient's Relationship to Insured	
		Self / *Spouse*	*Child*
Employer of Insured Member	Insured's current mailing address		
Member Email	Phone		

2. OTHER HEALTH INSURANCE

Is the patient covered under other health insurance?	*Yes* / *No*	*If YES, please complete this section*	
Name and address of other insurance company		Name of the Policy Holder	
Policy Holder's Date of Birth	Policy or identification number of other coverage	Effective Date	Termination Date

3. DIAGNOSIS – *describe illness, injury or symptoms requiring treatment*

Was patient's treatment due to an accident?	*Yes*	*No*	*If YES, please describe the accident below including the date it occurred*
Was this a work related accident?	*Yes*	*No*	*If the accident was caused by someone else, attach a statement describing the accident*

4. CHARGES – *use a separate line to list each type of service or provider and attach itemized bills for all services*

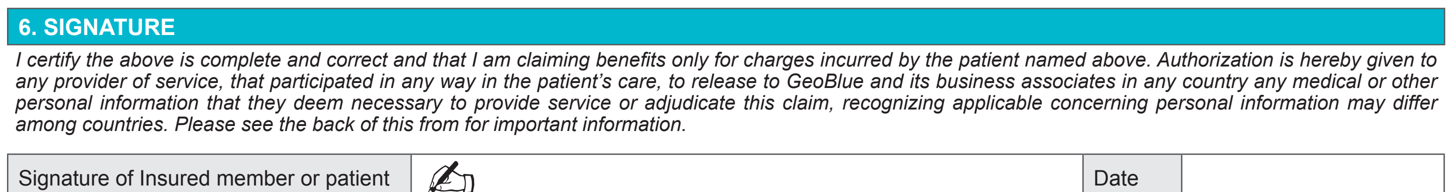
Name, City & Country of provider making charge	Diagnosis	Description of service	Dates of Service	Charges

5. PAYMENT DETAILS

Make payment to the provider	*If payment is to be paid to the provider, please ensure bank information is on the provider invoice*		
Make payment to Primary Insured	Reimbursement Method:	US Dollar Check	Bank Wire Transfer (complete below)

When possible, utilizing US bank accounts is recommended to avoid unnecessary fees by the receiving bank. U.S. bank accounts (only) wires will be completed via ACH which generally eliminates or reduces wire transaction fees.

Account Holder's Name – *Must be: Principal Member (Policyholder)*		Bank Name	
Bank Address, City, Country		Currency of Reimbursement	Bank 9 digit ABA Number - *US Banks*
Bank 8 or 11 digit SWIFT Code - *NON-US Banks*	Bank Account Number	SORT Code	Bank IBAN
Intermediary Bank Details (If Applicable)			
Name of Intermediary Bank		Intermediary Bank SWIFT Code	Intermediary Bank Account Number



6. SIGNATURE

I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the patient named above. Authorization is hereby given to any provider of service, that participated in any way in the patient's care, to release to GeoBlue and its business associates in any country any medical or other personal information that they deem necessary to provide service or adjudicate this claim, recognizing applicable concerning personal information may differ among countries. Please see the back of this from for important information.

Signature of Insured member or patient		Date	

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FRAUD NOTICE

Except as otherwise indicated below, any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

Arkansas: 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 fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana: 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 fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

INSTRUCTIONS FOR FILING A CLAIM

The following steps will assist you in filing claims. **Please note that submitting an incomplete form will result in the delay of processing your claim.**

For Parts 1 – 4 of the claim form:

- Please submit a separate claim form for each patient
- Please be as descriptive as possible
- Submitted bills must be **itemized** – canceled check, cash register receipts and non-itemized "balance due" statements **cannot be** processed.
- An Itemized bill is a full description of all actual charges and each itemized bill must include:
  - Name and address of provider (doctor, hospital, laboratory, ambulance service, etc.), name of patient, date(s) of service, amount charged for each service described, diagnosis or reason for treatment
- Submitted bills for Prescriptions should include the name of the drug, the quantity dispensed and the dosage.

To accurately complete Part 5., Payment Details:

- Payments are made to the **Primary Participant/Insured Member on the plan.** Payments cannot be made directly to a dependent or to a third party (other than the medical provider).
- For payments made via wire transfer/ACH, the Primary Participant/Insured Member must be listed as an account holder on the bank account receiving funds.
- **If paying international provider, invoice must include bank information**

SEND COMPLETE CLAIM FORMS, WRITTEN INQUIRIES AND ADDRESS CHANGES TO ADDRESS BELOW

One Radnor Corporate Center, Ste 100, Radnor, PA 19087

Member Services: +1.610.254.5304
1.855.282.3517 (U.S. Toll Free)
Claims Submission Fax: 1.610.482.9623
Claims Submission Email: claims@geo-blue.com