

# HEALTH CLAIM TRANSMITTAL

Alabama Health Insurance Plan  
Policy Number: 704613



## A. MEMBER/EMPLOYEE INFORMATION

Member # (SSN):                   —                   —		Phone #:                   (        )                   (        )	
Last Name:	First Name:	MI:	Date of Birth: / /
Home Address:			New Address:   Yes <input type="checkbox"/> No <input type="checkbox"/>
City:		State:	Zip Code:
Spouse Last Name:	First Name:	MI:	Spouse Date of Birth: / /

## B. PATIENT INFORMATION

Last Name:	First Name:	MI:	Date of Birth: / /
Home Address:			
City:		State:	Zip Code:
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Relationship to Member:	Full Time Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	School Name:                   School Phone #: (        )                   (        )

## C. ACCIDENT INFORMATION

Work Accident?   Yes <input type="checkbox"/> No <input type="checkbox"/>	Auto Accident?   Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Accident Occurred: / /
How did the accident occur:		

## D. OTHER INSURANCE

Is the patient covered by another insurance plan?   Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete the following:	
Name of person carrying other insurance:	Date of Birth: / /
SSN #:                   —                   —	Name of Other Insurance Carrier:
Policy Number:	Employer Name:

**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.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## E. ASSIGNMENT OF BENEFITS

Please sign below *only if you want UnitedHealthcare to pay benefits directly to the provider* of medical services.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GUIDELINES FOR SUBMITTING CLAIMS TO UNITEDHEALTHCARE

- Clip, do not staple, all bills to the completed form and mail them to UnitedHealthcare at the address above.
- Make sure all bills indicate a diagnosis code, procedure code, date of service and cost.
- Submit all claims to UnitedHealthcare in a timely manner.
- Be sure to notify your employer of all address changes.
- Please include your Member Number on all documents.