



Mail To: PO Box 30555
Salt Lake City, UT
84130-0555

Hewlett-Packard

Group: 227037
Customer Services: 877-468-1029

HEALTH CLAIM TRANSMITTAL

A. EMPLOYEE INFORMATION

Employee # (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: / / /
Employee # (SSN): — —	Name of Other Insurance Carrier:
ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING 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.	
Employee Signature: _____	Date: _____

E. ASSIGNMENT OF BENEFITS

Please sign below <u>only if you want UnitedHealthcare to pay benefits directly to the provider of medical services.</u>	
Employee Signature: _____	Date: _____

HINTS FOR SUBMITTING CLAIMS TO UnitedHealthcare

- If you want UnitedHealthcare to pay benefits directly to the provider of medical services, please write "pay directly" prominently on the bill(s).
- Attach your bills to this completed form and mail them to UnitedHealthcare claims at the address shown above.
COBRA continues mail to the UnitedHealthcare claim office you used as an active employee (or as a dependent of an active employee.)
- Make sure all bills indicate the reason (diagnosis) for treatment and the date, type and cost of each service.
- Send additional bills periodically or when they total \$50.00 or more.