

HOW TO FILE A CLAIM FORM

THIS CLAIM FORM MUST BE SENT WITHIN 90 DAYS OF THE DATE YOU FIRST RECEIVED MEDICAL CARE. IF YOU DID NOT SIGN THE REVERSE SIDE TO PAY BENEFITS TO PROVIDER, YOU MUST INCLUDE ORIGINAL RECEIPTS FOR EACH PAID BILL. KEEP COPIES OF ALL CLAIM FORMS, BILLS AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.

PLEASE FOLLOW THESE INSTRUCTIONS:

1. All lines must be completely filled out and be sure to sign the Medical Authorization.
2. Send **ORIGINAL ITEMIZED BILLS** with diagnosis and the corresponding **EXPLANATION OF BENEFITS NOTICE FROM YOUR PRIMARY CARRIER**. (Keep copies for your records) **BALANCE FORWARD STATEMENTS ARE NOT SUFFICIENT**.
3. Mail completed form to: UnitedHealthcare **StudentResources**, P. O. Box 809027, Dallas, TX 75380-9027.
4. Attach itemized bill to completed claim form. An itemized bill must include:
 - a. School District name
 - b. Patient's name
 - c. Patient's complete address
 - d. Diagnosis
 - e. Date of service(s)
 - f. Description of treatment (i.e. type of x-ray, office visit, lab test, etc.). Including CPT (procedure) codes
 - g. Doctor's/Hospital name, address and telephone number
5. Please do not send bills without a completed claim form. The bills will not be processed with partial information.

FRAUDULENT CLAIM DISCLOSURE

Any incorrect, misleading or undisclosed information regarding other insurance coverage can result in duplicate payments creating a substantial overpayment. Any person who, knowingly and with intent to defraud, files a statement of claim containing materially false information or conceals information concerning any material fact, commits fraudulent insurance act, which is a federal offense. Any attempt to collect full primary benefits in excess of the total covered expenses under two or more group insurance plans is considered mail fraud and will fall under federal jurisdiction.