MEDICAL EXPENSE
Claim Form and Instructions

GeoBlue
GeoBlue is the trade name of Worldwide Insurance Services, LLC, an independent licensee 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 *(MM/DD/YYYY)*	Patient's Gender
		◯ Male ◯ Female
Name of Insured Member *(Given Name, Family Name)*	Insured's date of birth *(MM/DD/YYYY)*	Patient's Relationship to Insured
		◯ Self ◯ Spouse ◯ Child
Name of Plan Program Sponsor	Insured's current mailing address	

Member Email	Member Phone Number

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 *(MM/DD/YYYY)*	Policy or identification number of other coverage	Effective Date *(MM/DD/YYYY)*	Termination Date *(MM/DD/YYYY)*

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

IF IN AN ACCIDENT

Date of Accident *(MM/DD/YYYY)*		Place of Accident			
Date of Doctor/Hospital Visit *(MM/DD/YYYY)*		Was the injury a result of participation in an Intercollegiate Sport?	◯ YES ◯ NO	Was this an Auto Accident?	◯ YES ◯ NO
Description/Details of Injury *(attach additional notes if necessary)*					

IF SICKNESS/ILLNESS

Onset Date of Symptoms *(MM/DD/YYY)*		Date of Doctor/Hospital Visit *(MM/DD/YYYY)*	
Have you had this Sickness/Illness before?	◯ YES ◯ NO	If YES, when was the last occurrence and/or doctor/hospital visit?	
Description/Details of Illness *(attach additional notes if necessary)*			

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 *(Office Visit, X-ray, Prescription, etc.)*	Dates of Service *(MM/DD/YYYY)*	Charges *(Please indicate currency)*

5. CLAIM PAYMENT REIMBURSEMENT

Have these doctor/hospital bills been paid by you?	◯ YES ◯ NO	If YES, payment will be made to Primary Insured via Check *(payable in US$ and mailed to the address indicated above)*
If NO, do you authorize payment to the provider of service for medical services claimed?	◯ YES ◯ NO	*If payment is to be paid to an international provider, please ensure bank information is on the provider invoice. See Filing Instructions for non-international provider payments*

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 that applicable law concerning personal information may differ among countries. Please see the back of this form for important information.

Signature of Insured member or patient		Date	

FRAUD NOTICE

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment for 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.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

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

District of Columbia: *WARNING:* 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.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

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

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

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information 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 $5,000 and the stated value of the claim for each 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: *WARNING:* 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.

Pennsylvania: 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 subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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).
- **If paying international provider, invoice must include bank information**
- **Providers in the USA, Puerto Rico and the U.S. Virgin Islands should bill their local Blue Cross Blue Shield Plan directly.**

SEND COMPLETED CLAIM FORMS, WRITTEN INQUIRIES AND ADDRESS CHANGES TO THE APPROPRIATE ADDRESS BELOW

CLAIMS INCURRED INSIDE the U.S., Puerto Rico, and U.S. Virgin Islands	**CLAIMS INCURRED OUTSIDE** the U.S., Puerto Rico, and U.S. Virgin Islands
GeoBlue **P.O. Box 21974 Eagan, MN 55121** Claims Submission Fax: **1.610.482.9623** Claims Submission Email: **claims@geo-blue.com**	**GeoBlue** **100 Matsonford Rd. One Radnor Corporate Center, Suite 100, Radnor, PA 19087** Claims Submission Fax: **1.610.482.9623** Claims Submission Email: **claims@geo-blue.com**

24/7 Member Services:	Outside the U.S.: **+1.610.263.2847**	Toll Free Within the U.S.: **1.844.268.2686**