

HEALTH CARE BENEFITS CLAIM FORM



A. Subscriber / Employee Information

Last Name:	First Name:	MI:	Date of Birth
Home Address:		New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:	State:	Zip Code:	
Phone #:	CFHP ID #:	Group #	

B. Patient Information

Last Name:	First Name:	MI:	Date of Birth
Home Address:			
City:	State:	Zip Code:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Subscriber:		

C. Accident Information

Is claim related to an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Accident:	Type of Accident <input type="checkbox"/> Work Injury <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other:
How did the accident occur?		

D. Other Insurance

Is the patient covered by another insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please complete the following:</i>	
Name of Subscriber on 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.	
Subscriber Signature: _____ Date: _____	

E. Assignment of Benefits

Please sign below <u>only if you want Community First Health Plans to pay benefits directly to the provider</u> of medical services.	
Subscriber Signature: _____ Date: _____	

Guidelines for submitting claims to Community First Health Plans

Claims must be submitted within 60 days from the date of service. 1. Clip your original bill with diagnosis code, procedure code, date of service and cost to the completed form. 2. Mail the documents to: Community First Health Plans Inc., 12238 Silicon Dr. #100, San Antonio, TX 78249 3. Use a separate form for each family member. 4. ASSIGNMENT: If you wish benefits to be paid directly to the physician or provider of service, sign the Assignment of Benefits box. NOTE: Benefits for a hospital confinement will be paid directly to the hospital.
