**Mailing Address for Claims:**
**UnitedHealthcare**
**PO Box 740800**
**Atlanta, GA 30377-0800**

**Customer Care Line for Claim Questions:**
**Toll Free (888) 332-8885**

BARCODE SPACE HERE

# HEALTH CLAIM TRANSMITTAL

UnitedHealthcare®
A UnitedHealth Group Company

***Employer Name*** ***University of Hartford***
***Group*** (policy) ***Number*** ***165058***

## A. SUBSCRIBER/EMPLOYEE INFORMATION

| | | | |
|---|---|---|---|
| Subscriber# or SSN: — — | | Phone #: ( ) | |
| Last Name: | First Name: | MI: | Date of Birth: / / |
| Home Address: | | | New Address: Yes ☐ No ☐ |
| 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 ☐ F ☐ | Relationship to Subscriber: | Full Time Student: Yes ☐ No ☐ | School Name: | School Phone #: ( ) |

## C. ACCIDENT INFORMATION

| | | |
|---|---|---|
| Work Accident: Yes ☐ No ☐ | Auto Accident: Yes ☐ No ☐ | Date Accident Occurred: / / |
| How did the accident occur? | | |

## D. OTHER INSURANCE

| | |
|---|---|
| Is the patient covered by another insurance plan? Yes ☐ No ☐ 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.**

Subscriber Signature: _____ Date: _____

## E. ASSIGNMENT OF BENEFITS

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

Subscriber 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 listed on your ID card.
- 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 Subscriber# or SSN on all documents.