

## HEALTH CLAIM TRANSMITTAL

Montgomery County Public Schools  
 Group # 704567  
 Member Services: 1-888-607-5214



PO Box 740800  
 Atlanta, GA 30374-0800

## A. SUBSCRIBER/EMPLOYEE INFORMATION

Subscriber # or 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 Subscriber:	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: / /
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.