

Health Insurance Claim Form

Before completing, please read all instructions carefully to insure fast, accurate processing.

Instructions on How to Submit a Claim Form

1. The form must be completed with all requested information, and sign and date page 3 of this form.
2. Complete Section 2 only if you want us to pay your insurance benefits to the provider (for example, doctor, clinic, hospital, etc.)
3. Enclose a copy of your TRICARE Explanation of Benefits Form. Put your certificate number on the copy.
4. For TRICARE Supplements, if services were provided in a Civilian Hospital, please attach a copy of the TRICARE Explanation of Benefits form; if services were provided in a Government Hospital, a copy of your Subsistence Receipt is needed; if you have TRICARE Prime Coverage, please submit a copy of your bill showing amount of charges and also the copayment amount.

5. Mail Claims to:

Attention Claims
 Mercer Consumer
 A Service of Mercer Health & Benefits Administration, LLC
 PO Box 10401
 Des Moines, IA 50306-0401

Section 1-Claimant's Statement (Please, only use one patient per form)

Insurance number as shown on your ID card and schedule of benefits billing notice:

Name of Member (Last, First, Middle Initial):

Date of Birth:

Address (Street, City, State & Zip Code):

Telephone Number:

Name of Patient:

Date of Birth:

Address of Patient (Street, City, State & Zip Code):

Gender

Male Female

Relationship to Member:

Spouse Daughter Son Other

Have you claimed benefits for this condition previously?

Yes No If yes when?

Diagnosis or Description of Condition:

Section 2-Assignment of Benefits (Complete this section only when you wish payment to be made directly to the provider's of service. If more than one provider, list each one on a separate piece of paper.)	
Provider's Name: (Hospital, Doctor, etc)	Provider's Telephone Number:
Provider's Address:	
Provider's Tax ID Number:	
Section 3- Need Help? Have Questions? Call 1-800-291-8480	
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 <u>any fact material, thereto, commits a fraudulent insurance act, which is a crime.</u>	
In the majority of cases, the information contained on this form is all that is required to process a claim. In some cases, additional information is needed, requiring the claimant to complete and submit a more detailed form.	

Important-Please read the statement that applies to your state of residence and sign the bottom of this form.

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, District of Columbia, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in 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 present 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 aware payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware, Idaho, Indiana: 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.

Florida: Any person who knowingly and with the 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.

Kentucky: 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 fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose 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 Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy 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 five thousand dollars and the stated value of the claim for each such 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.

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

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.

The statements contained in this form are true and complete to the best of my knowledge and belief.

Signature

Date

Address

Telephone Number