Mail Completed Forms To:

United Healthcare StudentResources
PO Box 809025
Dallas, TX 75380-9024

HEALTH CLAIM TRANSMITTAL

INSURED INFORMATION

Last Name:	First Name:	Middle Initial:

Student Insurance ID# or Social Security#:	Home phone #:	Birth date:
	( )	/ /

Street address:	P.O. box:	City:	State:	ZIP Code:

PATIENT INFORMATION (IF DIFFERENT FROM ABOVE)

Last Name:	First Name:	Middle Initial:
Street address:	City:	State:
P.O. box:	ZIP Code:	Birth date:

Patient's relationship to student:

❑ Self ❑ Spouse ❑ Child ❑ Other

ACCIDENT INFORMATION

❑ Work Accident: ❑ Auto Accident: ❑ IC Sport Accident: ❑ Intramural Sport Accident: ❑ Interscholastic Sport Accident: Date Occurred:

Details of Accident:

INJURY / SICKNESS INFORMATION

Have you suffered the same or a similar condition in the past?
❑ Yes ❑ No

If Yes, and if you were treated for it, please give the name and address of the physician who treated you.

Physician's Name:	Physician's Address:	Date Treated:

I HEREBY AUTHORIZE ANY PHYSICIAN, HOSPITAL, OR OTHER MEDICAL PROVIDER TO RELEASE ANY INFORMATION REGARDING THE MEDICAL HISTORY, TREATMENT, OR BENEFITS PAYABLE FOR THIS CLAIM TO UNITEDHEALTHCARE INSURANCE COMPANY. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

Insured's Signature: **Date:**

OTHER INSURANCE INFORMATION

(If the patient is covered by another insurance plan, please complete the following.)

Name of person carrying other insurance:	Subscriber # or Social Security#:	Name of other insurance carrier:
Other Insurance Policy #:	Other Insurance Phone #:	Policy Holder Date of Birth:

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY MISREPRESEATATION OR ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF CRIMINAL ACT PUNISHABLE UNDER LAW AND MAY BE SUBJECT TO CIVIL PENALTIES.

Insured's Signature: **Date:**

STUDENT HEALTH CENTER REFERRAL

Did Receive A Referral:	Health Center Closed:	This was an Emergency:	I was more than 50 miles from campus:	Other: (please explain):
❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	

GUIDELINES FOR SUBMITTING CLAIMS TO UnitedHealthcare **STUDENT**Resources

- Clip, do not staple, all bills to the complete 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.