University of Nebraska Omaha

Health Fair

Health Insurance Claim Form

University of Nebraska Omaha, Health Services, 102 H&K
6001 Dodge Street, Omaha, NE 68182-0301 (402)554-2374

Directions:

Complete Sections 1-6

1. Name: Last	First	Middle Initial	**2. Date of Birth:** __ / __ / ___ (mo.) (day) (yr.)	**Sex**: ☐ Male ☐ Female

3.

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) __ __ __ - __ __ __ __

4. Patient Relationship to Insured:

☐ Self ☐ Spouse*

☐ Child* ☐ Other*

5. Insurance Company Name: _____ **Insurance ID Number:** _____ **Group/Plan Number:** _____

Insurance Company Address: _____ **Insurance Company Phone Number:** _____

***Complete the box below with the card owners name if you are the spouse, child or other of the insured**

Insured's Name (Last , First, MI)	
Insured's Address	
City	
Zip	Telephone ( )
Insured's date of birth ____ / ____ / _____ (mo.) (day) (yr.)	Insured's Sex ☐ Male ☐ Female
Employer's Name	Insurance Plan Name or Program:

6. Patient's Authorizing Signature: I authorize the release of any medical or other information necessary to process this claim. Any balance remaining after processing of your claim by your carrier is your responsibility.

Signature: _____ **Date** _____

Diagnosis Code: Z00.00

NCD-58160905-52

Ordering Doctor: Dr. Marge Bisenius

For Health Services Staff Only

Date of Service	Procedure(s)	Charges
1. 11/02/17		
2. 11/02/17		
3. 11/02/17		

Revised 9/28/17