

# Instructions for Health Insurance Claim Form

**Please fill out all sections that apply to you on the top portion of this form.** Generally this means you will need to answer questions #1 through #13. Leave #14 through #33 blank.

The term "patient," as in section #2, means you. "Insured" means the employee whose job provides the insurance for the employee and additional family members. Therefore you might be both the "insured" and the "patient," or you might be the "patient" and your spouse the "insured."

Fill out section #9 only if you are covered under a second insurance policy. For instance, you might be insured through your work and also be covered under your spouse's policy. You would fill out **your** information in section #11, and your **spouse's** insurance information in section #9. If you are not an employee yourself with insurance, but you are covered under your spouse's or parent's insurance, the "insured" would be your spouse or parent.

Please be sure to sign in both places - sections #12 and #13.

**Thank You.**