

MERCER UNIVERSITY INSURANCE CLAIM FORM

Please complete and return to
Core Administrative Service (see address at bottom of page)

PLAN: MERCER UNIVERSITY	PLAN NUMBER: 101-00
EMPLOYEE NAME: _____	EMPLOYEE SOC. SEC. NO. _____
PATIENT NAME: _____	DOB: _____ Relationship to Employee _____ SEX: Male Female <i>NOTE: If this claim is for a student, you must see the Reverse Side.</i>
PATIENT SS# _____	
EMPLOYEE MAILING ADDRESS: (If Different) _____ _____	Does this Patient have other medical insurance coverage? YES NO Name of Plan: _____ Plan Number: _____ Effective Date: _____ Mailing Address: _____ _____
PATIENT'S EMPLOYER (Name/Address/Phone) _____ _____ _____	
How much of the attached bill(s) has been paid by the Employee/Patient? \$ _____	How much of the attached bill(s) has been paid by Other Insurance? \$ _____ <i>NOTE: You must include the Explanation of Benefits for this payment</i>
Payment of this claim should be mailed to: _____ The Medical/Dental Provider _____ The Employee _____ Other: _____	Is this claim the result of an accident? YES NO <i>NOTE: If Yes, you must complete the Reverse Side</i>
Indicate Type of Claim: <i>Physician</i> <i>Prescription</i> <i>Lab/X-Ray</i> <i>Dental</i> <i>Hospital</i> OTHER: _____	
<i>NOTE: If you are still within your initial 12 month coverage and did not have previous coverage with another insurance group see Reverse Side</i>	
MEDICAL INFORMATION RELEASE FORM	
I authorize any hospital, physician or other persons who have attended me or examined me or my dependent(s) to disclose when requested any and all information with respect to my physical and/or mental health condition(s). A photostatic copy of this authorization shall be considered as effective and valid as the original.	
_____ Signature of Claimant (if 18 or older)	_____ Date
_____ Signature of Parent (if minor dependent)	
MAIL THIS CLAIM FORM & MEDICAL BILL(S) TO: Core Administrative Services P.O. Box 1755 Macon, GA 31202 (912) 741-3521 or Toll Free (888) 741-2673 Campus Mail: Mercer University Box # 72759	