



CORRECTED

HEALTH INSURANCE CLAIM FORM

HNS/CIGNA
PO BOX 2368
CORNELIUS NC 28031

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Form with 33 numbered sections containing patient information, insurance details, and provider information. Includes fields for name, address, birth date, policy number, and signature.

CARRIER
PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION