



HNS/CIGNA/NAME OF TPA



PO BOX 2368
CORNELIUS NC 28031

HEALTH INSURANCE CLAIM FORM

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

CARRIER

Form with 33 numbered sections for patient and insured information, dates, diagnosis, charges, and signatures.

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION