



HEALTH INSURANCE CLAIM FORM

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

HNS/HEALTHSPRING
PO BOX 2368
CORNELIUS NC 28031

CARRIER

Form with 33 numbered sections containing patient and insured information, including name (DOE JANE S), address (123 ABC STREET), birth date (01/01/1950), and policy number (H00000001).

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION