



HEALTH INSURANCE CLAIM FORM

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

HNS/HEALTHSPRING
PO BOX 2368
CORNELIUS NC 28031

CORRECTED

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 insurance details (HEALTHSPRING).

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION