MEDICAL EXPENSE – New York University
Claim Form and Instructions

GeoBlue

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association

1. PATIENT INFORMATION

Member ID	*Please enter Member ID as shown on card*	
Patient's Name *(Given Name, Family Name)*	Patient's date of birth *(MM/DD/YYYY)*	Patient's Gender
		Male Female
Name of Insured Member *(Given Name, Family Name)*	Insured's date of birth *(MM/DD/YYYY)*	Patient's Relationship to Insured
		Self Spouse Child
Name of Plan Program Sponsor	Insured's current mailing address	
Member Email	Member Phone Number	

2. OTHER HEALTH INSURANCE

Is the patient covered under other health insurance?		*Yes*		*No*	***If YES**, please complete this section*
Name and address of other insurance company					Name of the Policy Holder

Policy Holder's Date of Birth *(MM/DD/YYYY)*	Policy or identification number of other coverage	Effective Date *(MM/DD/YYYY)*	Termination Date *(MM/DD/YYYY)*

3. DIAGNOSIS – *describe illness, injury or symptoms requiring treatment in the space below*

Was patient's treatment due to an accident?		*Yes*		*No*	*If YES, please describe the accident below including the date it occurred*
Was this a work-related accident?		*Yes*		*No*	*If the accident was caused by someone else, attach a statement describing the accident*

4. CHARGES – *use a separate line to list each type of service or provider and attach itemized bills for all services*

Name, City & Country of provider making charge	Diagnosis	Description of service (Office Visit, X-ray, Prescription, etc.)	Dates of Service (MM/DD/YYYY)	Charges (Please indicate currency)

5. CLAIM PAYMENT REIMBURSEMENT

Have these doctor/hospital bills been paid by you?	YES NO	If YES, payment will be made to Primary Insured via Check *(payable in US$ and mailed to the address indicated above)*
If NO, do you authorize payment to the provider of service for medical services claimed?	YES NO	*If payment is to be paid to an international provider, please ensure bank information is on the provider invoice. See Filing Instructions for non-international provider payments*

When possible, utilizing US bank accounts is recommended to avoid unnecessary fees by the receiving bank. U.S. bank accounts (only) wires will be completed via ACH which generally eliminates or reduces wire transaction fees.

Account Holder's Name – *Must be: Principal Member (Policyholder)*	Bank Name	
Bank Address - City & Country	Currency of Reimbursement	Bank 9-digit ABA Number - *US Banks*

Bank 8 or 11-digit SWIFT Code - *NON-US Banks*	Bank Account Number	SORT Code	Bank IBAN

Intermediary Bank details (if applicable)

Name of Intermediary Bank	Intermediary Bank SWIFT Code	Intermediary Bank Account Number

6. SIGNATURE

I certify the above is complete and correct and that I am claiming benefits only for charges incurred by the patient named above. Authorization is hereby given to any provider of service, that participated in any way in the patient's care, to release to GeoBlue and its business associates in any country any medical or other personal information that they deem necessary to provide service or adjudicate this claim, recognizing that applicable law concerning personal information may differ among countries. Please see the back of this form for important information.

Signature of insured member or patient		Date	

FRAUD NOTICE

General Fraud Warning –
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

AUTHORIZATION FOR ASSIGNMENT

Authorization for Assignment –
All payments will be made to the Primary Insured if the doctor/hospital bills have been paid by you. If you would like a third party to receive reimbursement for covered expenses under this policy, you must request an Authorization for Assignment from GeoBlue Member Services.

Authorization for Assignment of Benefits is voluntary. Any documentation accompanying a payment or otherwise could contain federal and/or state Protected Health Information and other protected private or financial information. Protected Health Information means health data that could be used to individually identify you including your name, address and specific medical material and facts.

INSTRUCTIONS FOR FILING A CLAIM

The following steps will assist you in filing claims. **Please note that submitting an incomplete form will result in the delay of processing your claim.**

For Parts 1 – 4 of the claim form:

- Please submit a **separate claim form** for each patient
- Please be as descriptive as possible

Submitted bills must be **itemized** – canceled check, cash register receipts and non-itemized "balance due" statements **cannot be** processed.

- An Itemized bill is a full description of all actual charges and each itemized bill must include:
  - Name and address of provider (doctor, hospital, laboratory, ambulance service, etc.), name of patient, date(s) of service, amount charged for each service described, diagnosis or reason for treatment
- Submitted bills for Prescriptions should include the name of the drug, the quantity dispensed and the dosage.

To accurately complete Part 5, Payment Details:

- Payments are made to the **Primary Participant/Insured Member on the plan**. Payments cannot be made directly to a dependent or to a third party (other than the medical provider).
- **If paying international provider,** invoice must include bank information
- Providers in the USA, Puerto Rico and the U.S. Virgin Islands should bill their local Blue Cross Blue Shield Plan directly.

SEND COMPLETED CLAIM FORMS, WRITTEN INQUIRIES AND ADDRESS CHANGES TO THE APPROPRIATE ADDRESS BELOW

CLAIMS INCURRED INSIDE the U.S., Puerto Rico, and U.S. Virgin Islands	**CLAIMS INCURRED OUTSIDE** the U.S., Puerto Rico, and U.S. Virgin Islands
GeoBlue **P.O. Box 21974 Eagan, MN 55121** Claims Submission Fax: **1.610.482.9623** Claims Submission Email: **claims@geo-blue.com**	**GeoBlue Claims** **Department PO Box** **1748** **Southeastern, PA 19399-1748** Claims Submission Fax: **1.610.482.9623** Claims Submission Email: **claims@geo-blue.com**

24/7 Member Services:	Outside the U.S.: **+1.610.263.2847**	Toll Free Within the U.S.: **1.844.268.2686**