

如何填写索赔表

所有信息应由学生填写

GeoBlue

GeoBlue is the trade name of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

MEDICAL EXPENSE Claim Form and Instructions

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						
					<input type="radio"/> Male <input type="radio"/> Female						
Name of Insured Member (Given Name, Family Name)	Insured's date of birth (MM/DD/YYYY)				Patient's Relationship to Insured						
					<input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child						
Name of Plan Program Sponsor	Insured's current mailing address										
Member Email						Member Phone Number					

1. 输入学生信息

此部分要求填写基本识别信息,例如姓名、地址及学生ID。国际学生应填写当前美国住址,而非祖国永久通讯地址住址。在“计划方案赞助商”下方填入“GeoBlue”。

2. OTHER HEALTH INSURANCE

Is the patient covered under other health insurance?	<input type="radio"/> YES <input type="radio"/> 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)		

2. 其他健康保险

此部分要求填写学生是否投保其他保险的信息。如果他们已投保其他保险计划,则涂黑“否”一栏。

3. DIAGNOSIS – describe illness, injury or symptoms requiring treatment

IF IN AN ACCIDENT					
Date of Accident (MM/DD/YYYY)	Place of Accident				
Date of Doctor/Hospital Visit (MM/DD/YYYY)	Was the injury a result of participation in an Intercollegiate Sport?	<input type="radio"/> YES <input type="radio"/> NO	Was this an Auto Accident?	<input type="radio"/> YES <input type="radio"/> NO	
Description/Details of Injury (attach additional notes if necessary)					
IF SICKNESS/ILLNESS					
Onset Date of Symptoms (MM/DD/YYYY)	Date of Doctor/Hospital Visit (MM/DD/YYYY)				
Have you had this Sickness/Illness before?	<input type="radio"/> YES <input type="radio"/> NO	If YES, when was the last occurrence and/or doctor/hospital visit?			
Description/Details of Illness (attach additional notes if necessary)					

3. 诊断

此部分要求填写患病或受伤的所有细节。如上报受伤情况,索赔管理员应了解受伤是在工作期间、运动时还是在驾驶机动车辆时发生。

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)

4. 费用

此部分要求填写各服务或提供者的分项列表。写下提供者的名称、其所在位置、诊断、服务类型、服务日期,以及所有产生的费用并附上收据。

5. CLAIM PAYMENT REIMBURSEMENT

Have these doctor/hospital bills been paid by you?	<input type="radio"/> YES <input type="radio"/> 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?	<input type="radio"/> YES <input type="radio"/> 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

5. 申请付款报销

此部分告知索赔管理员应向谁付款。

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
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6. 签名和日期

此部分用于披露个人信息,以便医疗提供者与索赔管理员可分享相关医疗信息。

7. 重要信息

此表必须在自治疗日期开始的 90 天之内填写并交回公司,并随附至交回之日所产生的所有费用账单。请附上详细账单。

8. 随附学生健康中心转介

如要求某一健康中心转介,或由于有某一健康中心转介,可豁免免赔额,请确保附上健康中心转介资料。

9. 随附详细账单

确保将所有详细账单以及处方药收据(如适用)随同索赔表一起寄出。建议在您所附的所有账单上写下姓名和学生编号。

10. 将填写的表邮寄至: GeoBlue, P.O.Box 21974, Eagan, MN 55121

GeoBlue Student Claim Rev. 04/16