

Health Insurance

PROOF OF CLAIM MUST BE SUBMITTED WITHIN 90 DAYS OF FIRST DAY OF ACCIDENT OR ILLNESS.

PART 1 To be completed by the EMPLOYEE/INSURED (please print)

Full Name of Insured _____
Policy No. _____ Certificate No. _____
Name of Employer _____
Full Name of Patient _____
Patient's Mailing Address _____
Patient's Date of Birth (DD/MM/YY) _____ Patient's Gender Male Female
Relationship to Insured Self Spouse Child Other _____
If you have any other Health Insurance coverage, provide name of policy holder and policy number _____
Was sickness/injury related to Patient's employment Traffic Accident Pregnancy Other (give details below) _____

DECLARATION:

I hereby certify that the foregoing answers are true and correct to the best of my knowledge and hereby authorize all doctors, or other persons who treated me, and all hospitals or other institutions to furnish full information, including full copies of records, regarding this claim to Coralisle Medical Insurance Company Ltd.

Patient's or Authorised Person's Signature _____ Date _____

ASSIGNMENT OF INSURANCE BENEFITS (Sign only if requesting direct payment to hospital or doctor):

I hereby authorise payment directly to the hospital, and physician where applicable, named on the attached claim form, other than Insurance Benefits under Policy _____, otherwise payable to me but not to exceed the regular charges for the treatment and/or services supplied. I understand that I am financially responsible for the charges not covered by the Policy.

Patient's or Authorised Person's Signature _____ Date _____

PART 2 To be completed by the ATTENDING PHYSICIAN (A separate form/itemized account to be submitted by each attending physician)

Date of illness (first symptom), injury (accident) or pregnancy (DD/MM/YY) _____
Date patient first consulted you for this condition (DD/MM/YY) _____
Has patient ever had same or similar symptoms? Yes No
Name of referring physician or other source _____
Hospitalisation dates (if applicable) Admitted (DD/MM/YY) _____ Discharged (DD/MM/YY) _____
Name and address of facility where services rendered (if other than home or office) _____

Was laboratory work performed outside your office? Yes No

Was the following operation(s) to correct a condition detrimental to the patient's health? Yes No

DECLARATION OF PHYSICIAN OR SUPPLIER:

I certify that the statements on this form are true and complete to the best of my knowledge.

Full Name _____ Telephone _____

Mailing Address _____

Signature _____ Date _____

Health Insurance



Place of Service: Inpatient Hospital Outpatient Hospital Doctor's Office Patient's Home Independent Laboratory

Patient Name _____ Date of Service _____

Diagnoses				Office procedures	Charge	Laboratory	Charge
1.				Anoscopy	46600	Venipuncture	36415
2.				Audiometry	92551	Blood glucose, monitoring device	82962
3.				Cerumen removal	69210	Blood glucose, visual dipstick	82948
4.				Colposcopy	57452	CBC, w/ auto differential	85025
5.				Colposcopy w/biopsy	57455	CBC, w/o auto differential	85027
6.				ECG, w/interpretation	93000	Cholesterol	82465
Office visit	New	Est	Charge	ECG, rhythm strip	93040	GLU; Quan	82947
Minimal		99211		Endometrial biopsy	58100	Hemocult, guaiaac	82270
Problem focused	99201	99212		Flexible sigmoidoscopy	45330	Hemocult, immunoassay	82274
Expanded problem focused	99202	99213		Flexible sigmoidoscopy w/biopsy	45331	Hemoglobin	85018
Detailed	99203	99214		Fracture care, cast/splint	29	HGB; Glycated AIC	83036
Comprehensive	99204	99215		Site:		Lipid panel	80061
Comprehensive (new patient)	99205			Nebulizer	94640	Liver panel	80076
Significant, separate service	-25	-25		Nebulizer demo	94664	KOH prep (skin, hair, nails)	87220
Well visit	New	Est		Spirometry	94010	Metabolic panel, basic	80048
< 1 y	99381	99391		Spirometry, pre and post	94060	Metabolic panel, comprehensive	80053
1-4 y	99382	99392		Tympanometry	92567	Mononucleosis	86308
5-11 y	99383	99393		Vasectomy	55250	Pap Smear/Cytopath Cervical/Vaginal Thin Prep	88143
12-17 y	99384	99394		Skin procedures Units		Pregnancy, blood	84703
18-39 y	99385	99395		Burn care, initial	16000	Pregnancy, urine	81025
40-64 y	99386	99396		Foreign body, skin, simple	10120	Prostate Specific Antigen	84153
65 y +	99387	99397		Foreign body, skin, complex	10121	Renal panel	80069
Consultation/preop clearance				I&D, abscess	10060	Sedimentation rate	85651
Expanded problem focused		99242		I&D, hematoma/seroma	10140	Strep, rapid	86403
Detailed		99243		Laceration repair, simple	120	Strep culture	87081
Comprehensive/mod complexity		99244		Site: Size:		Strep A	87880
Comprehensive/high complexity		99245		Laceration repair, layered	120	TB	86580
Physical Therapy	Occurrence			Site: Size:		Thyroid Stimulating Hormone	84443
Physical Therapy Evaluation		97001		Lesion, biopsy, one	11100	UA, complete, non-automated	81000
PhyTher 1 area Each 15 min		97110		Lesion, biopsy, each add'l	11101	UA, w/o micro, non-automated	81002
				Lesion, destruct., benign, 1-14	17110	UA, w/ micro, non-automated	81003
				Lesion, destruct., premal., single	17000	Urine colony count	87086
				Lesion, destruct., premal., ea. add'l	17003	Urine culture, presumptive	87088
				Lesion, excision, benign	114	Wet mount/KOH	87210
				Site: Size:		Vaccines	
				Lesion, excision, malignant	116	DT, <7 y	90702
				Site: Size:		DTP	90701
Radiology				Lesion, paring/cutting, one	11055	DtaP, <7 y	90700
Mammogram		77067		Lesion, paring/cutting, 2-4	11056	Flu, 6-35 months	90657
Echo Abdominal B Scan W/Image		76700		Lesion, shave	113	Flu, 3 y +	90658
Echo Pelvis B Scan w/Image		76856		Site: Size:		Hep A, adult	90632
Radiation Exam Chest - Single View		71010		Nail removal, partial	11730	Hep A, ped/adol, 2 dose	90633
Radiation Exam Chest 2 Views		71020		Nail removal, w/matrix	11750	Hep B, adult	90746
				Skin tag, 1-15	11200	Hep B, ped/adol 3 dose	90744
				Medications Units		Hep B-Hib	90748
				Ampicillin, up to 500mg	J0290	Hib, 4 dose	90645
				B-12, up to 1,000 mcg	J3420	HPV	90649
				Epinephrine, up to 1ml	J0170	IPV	90713
				Kenalog, 10mg	J3301	Immunizations & Injections Units	
				Lidocaine, 10mg	J2001	Allergen, one	95115
				Normal saline, 1000cc	J7030	Allergen, multiple	95117
				Phenergan, up to 50mg	J2550	Imm admin, one	90471
				Progesterone, 150mg	J1055	Imm admin, each add'l	90472
				Rocephin, 250mg	J0696	Imm admin, intranasal, one	90473
				Testosterone, 200mg	J1080	Imm admin, intranasal, each add'l	90474
				Other services		Injection, joint, small	20600
				Tigan, up to 200 mg	J3250	Injection, joint, intermediate	20605
				Toradol, 15mg	J1885	Injection, joint, major	20610
				Supplies		Injection, ther/proph/diag	90772
						Injection, trigger point	20552

Today's charges: _____ Today's payment: _____ Balance due: _____

Coralisle Medical Insurance Company Ltd.

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Health Insurance and Employee Benefits

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