



New York State Government Employees Health Insurance Program

UnitedHealthcare
P.O. Box 1600
Kingston, New York 12402-1600
1-877-7NYSHIP (1-877-769-7447)

HEALTH INSURANCE CLAIM FORM

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

Form with 33 numbered sections for patient and insured information, dates, diagnosis, and charges. Includes fields for Medicare/Medicaid, patient name, address, birth date, sex, insurance plan name (Empire Plan), and physician details.

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

PLEASE MAIL CLAIMS TO: UnitedHealthcare
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