IMPORTANT INFORMATION ABOUT FILING A HOSPITAL CONFINEMENT CLAIM

AVOID DELAYS

Fully complete the entire Hospital Confinement claim form. Please refer to the back of the form, which states, “claim will be delayed if all (6) questions are not fully completed and proper signatures are not affixed.”

HOSPITAL VERIFICATION NEEDED

You must submit one of the following along with the Hospital Confinement claim form:

A) An itemized bill on the “HOSPITAL’S LETTERHEAD”. The bill should include the specific dates confined to the hospital and number of days charged for room and board.

B) Obtain a “letter” from the hospital. If you choose this option, please be sure that it is on the hospital’s letterhead; the hospital representative from the billing office or medical records should date and sign the letter that will consist of the dates of confinement [i.e., the number of days charged for room and board]

C) UB-92 HCFA-1450 OR UB-04 HOSPITAL STATEMENT

As a friendly notation, computerized printouts, handwritten statements and other insurance statements are not acceptable.

*PLEASE DO NOT FORGET THE MEMBER AND PATIENT SIGNATURES*