



**MAIL THIS COMPLETED FORM TOGETHER WITH ALL ITEMIZED BILLS TO ADDRESS SHOWN ABOVE.**

UNIVERA MEDICARE ID#



**THIS INFORMATION CAN BE  
TAKEN FROM YOUR ID CARD**

**MEMBER INFORMATION**

MEMBER'S LAST NAME

MEMBER'S FIRST NAME

MEMBER'S STREET ADDRESS

CITY

STATE

ZIP

MEMBER DATE OF BIRTH    /   /     
MM DD YYYY

SEX M F Transgender

ARE THE SUBMITTED EXPENSES RELATED, IN ANY WAY, TO A  
MOTOR VEHICLE OR WORK-RELATED ACCIDENT OR INJURY?

Yes No

IF YES, DATE OF ACCIDENT OR INJURY

   /   /     
MM DD YYYY

DO YOU HAVE OTHER HEALTH INSURANCE? Y N

NAME OF OTHER INSURANCE

POLICY NUMBER

I certify that the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient. I understand all material submitted becomes the property of Univera Healthcare and will not be returned. I realize false receipt or fraudulent alterations of these materials will result in civil or criminal prosecution. I authorize the release of any information.

DATE

PHONE (including area code)

SIGNATURE

- Original itemized receipts including all pertinent information must be submitted with this claim form. The itemized bill must **clearly** indicate **all of the following**:
  - Patient's full name and address on the letterhead of the provider of service or supply that includes provider EIN (tax ID number) and NPI
    - **Note:** Provider's EIN and NPI are not needed for vision hardware claims (i.e. contact lenses, glasses frames or glasses lenses).
  - Type of service or supply that was performed
  - Place of service (inpatient, outpatient, office, etc.)
  - Date and charge for each service or supply provided
  - Patient diagnosis (the medical condition for which the patient was treated)
  - For services not rendered in the USA, all information must be translated in English
- Cancelled checks, money orders, credit card vouchers and personal list of services or bills stating only "balance forward" are not acceptable.
- Make copies of the original receipts for your files before submitting the original. All materials submitted will be retained by us and cannot be returned to you.