



### CLAIM INFORMATION FORM - UNITEDHEALTHCARE STUDENTRESOURCES

INSURED INFORMATION					
Last Name:		First Name:		Middle Initial:	
Gender (M/F)	SR ID# (refer to your ID card):	Home phone #: ( )	Date of Birth (mm/dd/yy): / /	Email address:	
Mailing address:		P.O. Box:	City:	State:	ZIP Code:

PATIENT INFORMATION (IF DIFFERENT FROM INSURED)					
Last Name:		First Name:		Middle Initial:	Gender (M/F)
Mailing address:			P.O. Box:	City:	
State:	ZIP Code:	Home phone #: ( )		Date of Birth (mm/dd/yy):	
Patient's relationship to student: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (please explain)					

ACCIDENT INFORMATION	
Type of Accident:	<input type="checkbox"/> Auto <input type="checkbox"/> IC Sport <input type="checkbox"/> Intramural Sport <input type="checkbox"/> Club Sport <input type="checkbox"/> Interscholastic Sport <input type="checkbox"/> Work <input type="checkbox"/> Other _____
Date Occurred:	Type of Sport (Football, track, etc.):
Describe how accident occurred (give all possible details). Must be a bodily injury due to an accident.	

INJURY / SICKNESS INFORMATION	
Have you suffered the same or a similar condition in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, and if you were treated for it, please provide information:	
Physician's Name:	Physician's Address: <span style="float: right;">Date Treated:</span>
<b>I hereby authorize any physician, hospital, or other medical provider to release any information regarding the medical history, treatment, or benefits payable for this claim to United Healthcare Insurance Company. A photocopy of this authorization shall be as valid as the original.</b>	
Insured's Signature:	Date:

OTHER INSURANCE INFORMATION		
Is the patient covered by another insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "Yes", please complete the section below.		
Name of person carrying other insurance:	Subscriber #:	Name of other insurance carrier:
Other Insurance Policy #:	Other Insurance Phone #:	Policyholder Date of Birth (mm/dd/yy):

**NOTICE: PLEASE REFER TO FRAUD WARNING STATEMENT(S) INCLUDED ON THE SECOND PAGE OF THIS FORM.**

Insured's Signature:	Date:
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STUDENT HEALTH CENTER REFERRAL				
A Referral was received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Center Closed: <input type="checkbox"/> Yes <input type="checkbox"/> No	This was an Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No	I was more than 50 miles from campus: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please explain):

#### Guidelines for Submitting Claims to UnitedHealthcare StudentResources

- Clip, do not staple the bills to the claim form. The bill needs to include the diagnosis code (s), procedure code (s), date of service, and billed amount. Member must include receipt of payment for reimbursement.
- A claim form is not required for prescription claim reimbursement. Member needs to submit the receipt or computer printout with information which includes: medicine name, date of purchase, and price. Also Include your name, address, and SR ID# (7 digit number on your insurance ID card)

**Mail claim to:** UnitedHealthcare StudentResources, P. O. Box 809025, Dallas, TX 75380-9025 (This is listed on your ID card)  
**Email:** A scanned copy of the claim to [SI.DRG@uhcsr.com](mailto:SI.DRG@uhcsr.com)

**The following notice is applicable to any state not individually listed below.**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information may be subject to criminal and/or civil penalties.

**AK** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**AL** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**AZ** - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**AR** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CA** - For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**CO** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

**DE** - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DC** - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FL** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**ID** - Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

**IN** - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KY** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**LA** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MD** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ME** - IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**MN** - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NH** - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NJ** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NM** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NY** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OH** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OK** - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**PA** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**RI** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TN** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**TX** - Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**VA** - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WA** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Puerto Rico Fraud Notice:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.