

INSTRUCTIONS:

Remember: Personal Choice Network providers will submit a claim for you. This claim form should only be used when you see an Out-of-Network provider who does not submit a claim for you.

1. Attach all itemized bills to this claim form. Bills should include the following information:
 - Name, address, and telephone number (on official bill head) of the PROVIDER rendering the service or supplying the item.
 - PATIENT'S full name
 - DESCRIPTION of each service, or supply
 - DATE AND AMOUNT CHARGED for each service, or supply
 - DIAGNOSIS
2. When you have already paid the out-of-network provider in full for the services, or supplies you are claiming, payment should be made to you (if you are our member). Please be sure to have the provider mark "PAID IN FULL" clearly on the bill.
3. Please be sure that a PHYSICIAN'S MEDICAL CERTIFICATION accompanies bills for:
 - Purchase or Rental of Medical Equipment
4. If submitting expenses for more than one family member, please use a SEPARATE claim form for each person.
5. Complete the entire claim form (have your physician complete the appropriate section, if necessary) and be sure to include the information requested above. This will avoid unnecessary delays in processing your claim. Keep a copy of this form and itemized bills for your records.
6. If you have QUESTIONS regarding the completion of this claim form, please contact Personal Choice Member Services at the telephone numbers shown on your ID card.