Excellus

Rochester Area School Health Plan (RASHP)
Major Medical Plan Subscriber Claim Form

Please Note:

Use this claim form for Major Medical claim submission when your Medical and/or Prescription coverage is through another insurance carrier (other than Excellus BCBS)

Read Instructions carefully before completing this form.

Failure to supply all of the required information may result in delayed processing and/or return of your claim submission

1. **You must submit claims within 12 months of the date of service as required by your plan.**
2. **Complete a separate claim form for each family member.**
3. **Complete Section 3 for Medical Claim submissions (and/or) Section 4 for Prescription Claim submissions**
4. **The Plan member should read the acknowledgment carefully, and then Sign and Date this form**
5. **Return the completed form and include all required documents to:**
   Attention: Claims Dept • P.O. Box 21146 • Eagan, MN 55121-0146

For questions, contact Customer Service: 1-877-253-4797

Section 1: Major Medical Plan Cardholder Information

Subscriber ID

Member Name First Last

Street Address

City State ZIP

Section 2: Patient Information

Patient Name First Last

Patient Date of Birth (MM/DD/YY) Sex ☐ Female ☐ Male ☐ Transgender

Relationship to Plan Member ☐ 1 Self ☐ 2 Spouse ☐ 3 Eligible Child ☐ 4 Other

Section 3: Medical Claim Submission

You must attach a copy of the Explanation of Benefits (EOB) statement from your insurance carrier.

Service Date	Name of Provider	Procedure Code	Amount Paid
			$
			$
			$
			$

Section 4: Prescription Claim Submission

You must attach pharmacy receipts, which include details of the prescription name and cost.

Service Date	Prescription Number	Valid 11 digit NDC	Quantity	Amount Paid
				$
				$
				$
				$

I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE RELEASE OF ANY RELEVANT INFORMATION TO MY INSURANCE CARRIER.

Member Signature:	**Date:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals information concerning any fact material thereto, for the purpose of misleading, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the stated value of each violation.