BlueShield of Northeastern New York

PO Box 80
Buffalo, NY 14240-0080

Skidmore College
Alternative Health Claim
ASO Plan

ALTERNATIVE HEALTH BENEFITS SUBSCRIBER CLAIM FORM

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

IF CLAIM FORM IS NOT COMPLETE OR IF ANY OF THE ITEMIZED BILLS REQUIRE FURTHER INFORMATION, SUCH MATERIAL MAY BE RETURNED TO YOU WITH ADDITIONAL INSTRUCTIONS. **OTHERWISE ALL ITEMIZED BILLS WILL BE RETAINED BY US AND CANNOT BE RETURNED**.

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT OR TYPE.

ENTER NAMES AS SHOWN ON YOUR BLUESHIELD IDENTIFICATION CARD.

Subscriber's Last Name	First Name	Initial	ID No.	Group Number
				00961391

Address-Number and Street	Please Check Here if this is a New Address ☐	City	State	Zip Code

Patient's Last Name	First Name	Initial	Date of Birth	Sex	Patient's Relationship to Subscriber
			/ / Month Day Year	☐ Male ☐ Female	☐ Self ☐ Child ☐ Spouse

Expense Itemization

Itemized Bills for **Service or Supplies must be attached to this form** with the following information indicated:

1. Patient's Full Name.
2. Amount charged for each service or supply.
3. Date each service or supply was rendered.
4. Description of each service or supply.
5. Name and address of provider/supplier.

LIST BELOW THOSE SERVICES OR SUPPLIES FOR WHICH YOU ARE REQUESTING PAYMENT.

Date of Service	Describe Services Received	Charges
	ENTER TOTAL CHARGES HERE	$

IMPORTANT NOTICE:
"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."

Please remember to attach your itemized bills and sign this claim form.

Note: There is a $300.00 calendar year maximum per contract for Alternative Health Benefit claims.

Subscriber's Signature (Must Be Signed) _____ Date _____ Home Phone Number _____

SCAlternHlthClm

BlueShield of Northeastern New York and Skidmore College are not affiliated.
BlueShield of Northeastern New York provides administrative services only for Skidmore College.