



New York State Government Employees Health Insurance Program

HEALTH INSURANCE CLAIM FORM

Form with 33 numbered sections for patient information, insurance details, and medical services. Includes fields for name, address, birth date, policy number, and a table for procedures/services.

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

PLEASE ASK PROVIDER TO TYPE THIS FORM

INSURANCE FRAUDS PREVENTION ACT

The following statement is printed pursuant to Regulation 95 of the New York State Insurance Department:

"Any person who knowingly and with intent to defraud any insurance company or other person files a 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 MAIL CLAIMS TO: United HealthCare Service Corp.  
Administrator for MetLife  
P.O. Box 1600  
Kingston, New York 12402-1600  
1-800-942-4640