

Introduction: This form is used to file any medical claim. If you have additional, non-related medical services, you need to file a separate medical claim for each. Please answer all the applicable questions and include with your submission all related Medical Claim Documents. If you have any questions, please contact the CHC Concierge: Concierge@CHCHealthcare.org

Step 1 – The Name of the Primary CHC Member:

Claim
Date

Step 2 – The Name of the CHC Member having the Medical Event:

Your Medical Service was required
for this type of Medical Event?

Routine
Wellness, etc.

Non-Routine
Over \$250

Injury

Illness

Prescription
Meds: Amount

Step 3: Complete the following for each Medical Claim – Use additional Forms if necessary

The date the Member first had the Medical Event:

The date the Member first received treatment:

Has this Medical Event been previously treated?

Have all the Medical Services been completed:

If yes, enter the last treatment date?

If not, what is the expected completion date?

Step 4: For Injury or Illness - Please describe, in detail, how the injury occurred or the nature of your illness

Step 5: Please List the names of the Medical Providers & Costs

Billed

Discount

You Paid

Remaining

If the Total Cost for any Medical Service is greater than \$250,
did you receive a CHC Medical Treatment Authorization?

TOTALS

Enter any amount that has or will be submitted to any insurance company: Has:

Will be sent:

Step 6: Medical Claim Documents: *These documents are required to process your Medical Claim. If you do not have copies of these documents, please request paper copies from the Medical Provider.*

Copy of Documents to be provided to CHC:

Included with this Form Will be sent Previously sent

1) CHC Medical Claim Form:

2) Initial Medical Treatment Report:

Must describe the Medical Provider's diagnosis

3) Statement of Services performed:

Must show the Medical Services Performed & CPT Codes

4) Medical Providers' Billing Statement:

Must show charges, self-pay discounts and payments

5) Your Payment Receipt:

Credit / Debit Card or Bank Statement

All documents must be readable. If you scan a document, make it a .PDF or .jpg and attach to your submission email.

If you prefer, mail to: CHC Processing PO Box 267 Morrison, CO 80465

By returning this Form you certify the information provided is true and correct.

Comments: