



HEALTH CLAIM FORM

28-48 Barbados Avenue, Kingston 5 Tel: 929-8920-9 Fax – 929-4730/968-3232

ORIGINAL RECEIPTS MUST BE ATTACHED

Section 1

Cardholder Last Name												Cardholder First Name												Middle Initial	
Group Number						Account Number						Cardholder Number						Dep. Seq							
Group Name												Other Insurance Coverage (For Coordination of Benefits)													
Email Address												Contact #													
<i>Please note that providing your banking information is OPTIONAL. However, should you choose to do so, this information will be kept in the strictest confidence</i>																									
BANKING INFORMATION		Bank		Branch		A/C #		A/C Type <small>Please Tick <input type="checkbox"/></small>		Chequing [<input type="checkbox"/>]		Savings [<input type="checkbox"/>]													
Patient's TRN #						Patient's Name						Patient's Date of Birth													
Cardholder's Address				Spouse's Employer				Other Insurance Coverage/Name of Co.				I hereby assign & authorize payment of benefits to: I hereby authorize the release of any and all information required to review and process this claim. Signature: _____													

Section 2

PRESCRIPTION DRUG CLAIM		Original detailed receipts attached?		Y [<input type="checkbox"/>] N [<input type="checkbox"/>]		Name of Pharmacy			
-------------------------	--	--------------------------------------	--	---	--	------------------	--	--	--

Section 3

MEDICAL SERVICES

(This section is to be completed by the Provider)

Name & Address of Doctor/Provider			Diagnosis <small>(Please use codes if listed overleaf)</small>			Name & Address of Referring Doctor		
Is condition due to pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', give approximate date of conception.			Date of first symptoms:			Remarks:		
			Date of first consultation for this condition:					
Date of Service	CPT Code <small>Please check overleaf</small>	Unit Cost	Total Charge	Insurance	Amt. Paid by Patient			
TOTAL PAID								

Section 4

SURGICAL SERVICES

(This section is to be completed by the Provider)

Date of Service	Surgical Procedure / CPT Code	Provider	Name	Charges	Amt. Paid by Patient
		Surgeon			
		Assistant Surgeon			
		Anaesthetist			
		2 nd Surgeon <small>(based on procedure) Pre Auth Required</small>			
TOTAL					

Section 5

HOSPITAL SERVICES

(This section is to be completed by the Provider)

Date of Service	Type of Service	Charge	Service	Charge
	Semi Private /Private/Ward Room # of days _____		Oxygen /Gases	
	Operating Theatre		Laboratory	
	Recovery		X-ray / CT Scan/ MRI	
	Disposable		Physiotherapy	
	Drugs		Other Miscellaneous Charges <i>(Please attach itemized list)</i>	
PATIENT DEPOSIT		TOTAL CHARGES		

I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the actual fees I have charged.

Provider's Stamp

Signature of Doctor or Authorized Person

Date

N.B.

1. Section 1 of this form **MUST** be fully completed to facilitate accurate processing.
2. Incomplete forms will be returned.
3. Claims must be submitted within 90 days of being incurred, to be eligible for processing.
4. Providing your banking information will facilitate direct deposit of future claim proceeds into your listed bank account.

INPATIENT PROCEDURE CODES:

Surgical Procedure	Code	Surgical Procedure	Code	Surgical Procedure	Code
Appendectomy	44950	Removal Implants	20670	Prostatectomy, Supra pubic	55821
Arthroscopic Misesectomy	29880	Fracture, Humerus-Closed Treatment	24500	Pyelolithotomy	50130
Arthrotomy, Knee	27310	Fracture, Femur-Closed Treatment	27230	Prostatectomy, Perineal	55801
Aspiration, Breast Cyst	19101	Fracture, Colles	25600	Phimosis, Reduction of	54450
Biopsy, Breast Lump	19100	Fracture, Great Toe	28490	Pterygium, Excision	65420
Biopsy, Cervix	57454	Fracture, Skull	21300	Pterygium, w Graft	65426
Biopsy, Liver	47000	Gastric Biopsy	43239	Removal of Cataract	66820
Biopsy, Prostate	55700	Gastrectomy, Total	43631	Removal of Foreign Body, Ear	69200
Biopsy, Skin	11100	Hernia Repair, Diaphragmatic	39540	Retinal reattachment w Vitrectomy	67108
Cauterization, Cervix	57510	Hernia Repair, Inguinal	49520	Repair, Cruciate Ligament, Knee	27407
Cholecystectomy w CBD Explr	47610	Hernia Repair, Umbilical	49580	Salpingectomy	58700
Cholecystectomy, Laparoscopic	47562	Haemorrhoidectomy, Complex	46260	Salpingectomy, ectopic	59120
Circumcision	54152	Haemorrhoidectomy, Simple	46255	Salpingo-Oophorectomy	58720
Colectomy, Partial	44140	Haemorrhoidectomy, Ligature	46221	Thyroidectomy, Partial	60210
Colonoscopy	45378	Haemorrhoidectomy, w Fissure.	46257	Thyroidectomy, Total	60240
Colporrhaphy, Anterior, Posterior	57260	Haemorrhoidectomy, Sclerosing	46500	Trachelectomy	57530
Colposcopy	57452	Hydrocelectomy, Unilateral	55040	Tonsillectomy/Adenoidectomy	42820
Coronary Angiogram	93556	Hysterectomy, Total	58150	Thyroid Cyst, Aspiration	60001
Cystoscopy/Urethroscopy	52000	I&D, Abscess, Soft tissue	20000	Thyroid Cyst, Excision	60200
Debridement, Skin etc.	11044	Intra-ocular Lens Insertion	66985	Thoracotomy, for Biopsy	32095
Destruction, Benign Lesion	17000	Lens Extraction	66830	Thyroidectomy for Malignancy	60252
Diagnostic, Bronchoscopy	31622	Ligation & Stripping, Varic. Veins	37720	Urethroscopy	50951
Diagnostic, Laparoscopy	49320	Mastectomy, Simple	19180	Wrist, Excision, Ganglion Cyst	25111
Diagnostic, Proctosigmoidoscopy	45300	Mastectomy, Radical	19200	Wedge Resection, Ovary	58920
Dilation and Curettage	58120	Myomectomy	58140		
Dilation of Urethral Stricture (male)	53600	Mastoidectomy, Radical	69511		
Drainage, Bartholins Abscess	56420	Median Nerve Decompression	64721		
Drainage, Ovarian Abscess, Cyst	58805	Meniscectomy, Knee joint	27332		
Excision, Bartholins Cyst	56740	Mitral Valve Replacement	33430		
Excision, Bone Cyst, Benign Tumor	26200	Myringotomy, w General Anaes.	69421		
Partial Mastectomy	19162	Nephrectomy	50220		
Excision, Lesion Tendon Sheath	26160	Nephrolithotomy	50060		
Excision, Lipoma	11440	Oophorectomy	58940		
Excision, Nasal Polyps, Extensive	30115	Prostatectomy, Trans urethral	52612		

*Please note:
This list is by no means exhaustive, where no codes are given, please state procedures clearly or utilize codes available to you. Our reference is CPT codes 2002.*

ICD – 9 – DIAGNOSTIC CODES

Diagnosis	Code	Diagnosis	Code	Diagnosis	Code	Diagnosis	Code
Abdominal Pain	789.0	Conjunctivitis	372.3	Hyperlipidemia	272.4	Physical Exam(Adult)	V70
Abscess	682.9	Colic	789	Hypertension	401.9	Physical Exam (Child)	V20.2
Acne	706.1	Contusion	924.9	Hyperthyroidism	242.9	Physical Exam.Gynae	V72.3
Abnormal Liver Enzymes	794.8	Constipation	564.0	Hypoglycemia	251.2	Prostate BPH	600
Allergic Reaction	995.3	Convulsions	780.3	Hypothyroidism	244.9	Prostatitis	601.0
Allergic Rhinitis	477.9	COPD	492.8	Influenza	487.1	Rectal Bleeding	569.3
Allergic Prophylaxis	V07.1	Croup	464.4	Ingrown Nail	703.0	Renal Insufficiency	593.9
Anaemia (Simple)	285.9	Dehydration	276.5	Inguinal Hernia	550.9	Rheumatism	729.0
Angina	413.9	Depression	311	Irritable Bowel	564.1	Sebaceous Cyst	706.2
Anxiety	300	Diabetes – IDDM	250.01	Jaundice	782.4	Seizure disorder	780.3
Arthritis (rheumatoid)	714	Diverticulitis	562.11	Jaundice (Newborn)	774.6	Sinusitis	461
Arthritis (Osteo)	715	Diabetes – NIDDM	250.0	Kidney Stone	592.0	Sore throat	034.0
Asthma	493.9	Down’s syndrome	758.0	Labyrinthitis	386.3	Sprains/Strains	848
Behavioural Disorder	V40	Dyspepsia	536.8	Laryngitis	464.0	Suture Removal	V58.3
Benign Skin Lesion	216.9	Dyspnoea (S.O.B)	786.0	Lumbar Disc disease	722.10	Swollen Glands	283.9
Blackout/Fainting	780.2	Epistaxis (nose bleed)	784.7	Lumbar Sacral Strain	846.0	Tonsillitis	463
Boil/Carbuncle	680.9	Failure to thrive	783.4	Migraine	346.9	URI	465
Bronchitis – chronic	466.1	Fatigue/Malaise	780.7	Muscle / Back Strain	847.9	UTI	599.0
Bronchitis (acute)	466.1	Fever (PUO)	780.6	Oedema	782.3	Vaginal Bleeding	626.8
Bronchitis(allergic)-Asthma	493.9	Fibroids (Uterine)	218.9	Otitis Externa	380.2	Vaginal Discharge	623.5
Burn	949	Foreign Body – Ear	931	Otitis Media	382.9	Vaginitis	616.10
Bursitis	727.3	Foreign body – Nose	932	Ovarian Cyst	620.2	Vaginitis (Atrophic)	627.3
Cardiomyopathy	425	Foreign Body – Eye	930	Pain – Abdominal	789.0	Vertigo	438.85
Ca – in – situ-Breast	233.0	Ganglion Cyst	727.43	Pain – Back	724.5	Viral Syndrome	079
Carpal tunnel Syndrome	354.0	Gastritis	535.5	Pain – Chest	786.5	Warts	078.1
Cellulitis	682.9	Gastroenteritis	558.9	Pain – Chest Wall	786.52	Wound/Laceration	879
Cerumen Impaction	380.4	Gout	274.9	Pain – Extremity/foot	729.5	Other	
Cervical disc Disease	722.0	Haemorrhoids	455.6	Pain – Joint	719.4		
Cholelithiasis	574	Head Lice	132.0	Pelvic Inflammatory Dis.	614.9		
Congestive Heart Failure	428.0	Hiatus Hernia	553.3	Pelvic Pain	625.9		
Cervical Dysplasia	622.10	Headache	784.0	Peptic Ulcer Disease	533.9		
Cervical Strain	847.0	Hearing Loss	389.0	Peripheral Vascular Dis.	443.9		
Chest Pain	786.5	Heart Disease (No CHF)-Hypertensive	402.90	Pharyngitis	462		
Cholecystitis	575.1	Hernia	550.9	Pneumonia-Viral	480		
Coronary Artery Disease	746.85	Hypercholesterolemia	272.1	Pneumonia-Bacterial	482.9		