



## **Instructions for Filing a Medical Claim**

1. If services are provided by a non-participating physician or provider, Claim Forms are required when submitting bills for reimbursement of covered medical services.
2. A new Claim Form is required for each bill.
3. Please fill in **all** information requested on the front of this form. No payment of benefits will be made until all the information is received.
4. Have the attending provider or physician complete Part B or attach an itemized bill.
5. When attaching an itemized bill, please be sure the bill contains the following information:
  - Provider's Name and Address
  - Patient's Name, Address, and Date of Birth
  - Date of Service
  - Procedure Description
  - Charge for Each Procedure
  - Diagnosis
6. Please submit your claims as soon as the medical expenses are incurred.

If you need additional Forms, please see your Employer or contact Healthsource.

If you have any questions or need assistance, please contact the Healthsource Member Relations Department at (800) 531-4005.

All claims should be submitted to:

*Healthsource*  
PO Box 2041  
Concord, NH 03302-2041