



Penn Behavioral Health Services
Out of Network Claim Form for Members

Employee's Name (First, MI, Last) Date of Birth Sex

Employee's Mailing Address Is this a new address? Yes/No

Daytime Phone Alternative Phone

Social Security # (UPHS) ID# (University) (Active/Retired/Cobra) Plan Name (Circle)

Circle Your Employer: UPHS University of Pennsylvania

Patient Name (First, MI, Last) Date of Birth Sex (Note: only one patient per form)

Relationship to Employee Patient Daytime Phone

Provider's Name Daytime Phone

Provider's Address Degree/License

Description and Dates of Services Received (Please complete all requested information and attach itemized receipts)

Table with 4 columns: Date, Diagnosis (DSM IV), CPT Code, Charges \$

EMPLOYEE'S/PATIENT'S SIGNATURE AND RELEASE: Both Employee and Patient Must Sign all Claims

A. AUTHORIZATION TO RELEASE INFORMATION- I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding the medical, mental, alcohol or drug abuse history, treatment, or benefits payable...

Patient's (Parent or Guardian) Signature Date

Employee's Signature (if different from patient) Date

B. CERTIFICATION - I certify that all of the above information is true and correct.

IF YES, Employee's Signature Date

Any person who knowingly and with intent to defraud any insurance company or other person files a statement 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.

NOTE: The processing of claims may take up to 30 days. Some suggestions to ensure that your claims are processed in an efficient and timely manner are:

- (a) For claims with a new provider, please preregister by contacting PENN Behavioral Health at 888-321-4433
(b) Complete this form accurately with all required information and attach all relevant claims materials to the form
(c) Provide a separate form with separate receipts for each patient receiving treatment (if there are several family members receiving treatment at the same time).



How to File a Claim

Covered Persons are never required to file a claim when Covered Services are provided by Preferred (In-Network) Providers. When they receive care from a Non-Preferred (Out-of-Network) Provider, they will need to file a claim or have their provider file a claim for the covered participant to receive reimbursement. In some cases, at the discretion of the Contract Administrator, arrangements may be made to have payments made directly to the provider such as in the case of a Facility Provider or other hospital setting.

To file a claim, the Covered Person can call Member Services (Access Services Department) at the number listed on the back of their Identification Card, (1-888-321-4433) and the full process for filing a claim will be described. There are two options:

- (a) The individual can complete a claim form posted in the member section of the www.pennbehavioralhealth.org website or request that forms be sent to them by Claims Services (Claims Department) by calling (1-888-321-4433)
- (b) The following information is required when completing a claim form:
 - Name of Covered Participant
 - Name of Patient
 - Address
 - Phone Numbers
 - Date of Birth
 - Employee (Primary Covered Member) ID #
 - Plan Name
 - Provider's Name, Address, Phone Number, and Degree/License
 - Description of Dates and Services Rendered
 - Signatures
- (c) Please submit the claim form along with itemized bills or copies of receipts containing:
 - The Non-Preferred (Out-of-Network) Provider's (Qualified Professional or Facility Provider) Name (with degree/license)
 - Tax I.D. number
 - Address
 - Phone number
 - Dates of Service
 - Diagnosis (by listed codes and/or description) and services performed (by codes or rates) with associated itemized charges

The Employee or covered individual (or their designated legal guardian/custodian) must complete the claim form and include all required information. Both the employee and covered individual must sign the claim form. Please return the completed form with all itemized bills to:

**PENN Behavioral Health
Claims Administrator**
3535 Market Street, 4th Floor
Philadelphia, PA 19104 -3309
Telephone: 1-888-321-4433, Access Department for Customer Service