SWSCHP
State-Wide Schools Cooperative Health Plan

**SWSCHP**

*PO BOX 5035, WHITE PLAINS, NEW YORK 10602-5035*
*Customer Service: 1-888-P-SWSCHP or 1-888-779-7247*

# MEDICARE PRIMARY CLAIM FORM

***Majority of claims covered by Medicare will be filed automatically via the Crossover Program. However, if you have a claim that you wish to file directly, use this form.***

***FOR OFFICE USE ONLY: SWS-MED***

## INSTRUCTIONS

***To avoid processing delays, a fully completed claim form along with the Medicare Explanation of Benefits Statement must be submitted with every itemized bill. Do not attach credit card receipts as proof of payment.***

**PART A: RETIRED MEMBER INFORMATION - COMPLETE THIS PART FOR ALL CLAIMS**

**1. MEMBER IDENTIFICATION NO.:**

**2. FULL NAME OF MEMBER (FIRST,MIDDLE,LAST):**

**3. DATE OF BIRTH:**

**4. GENDER: Δ MALE Δ FEMALE Δ NON-BINARY**

**PART B: PATIENT INFORMATION - COMPLETE THIS PART FOR ALL CLAIMS**

**5. PATIENT IDENTIFICATION NO.:**

**6. PATIENT NAME:**

**7. PATIENT DATE OF BIRTH:**

**8. PATIENT RELATIONSHIP TO MEMBER: Δ SELF Δ WIFE Δ HUSBAND Δ DOMESTIC PARTNER Δ CHILD**

**9. HOME PHONE (Include area code):**

**10. ADDRESS (NO & STREET):**

**11. APT. #:**

**12. CITY:**

**13. STATE:**

**14. ZIP CODE:**

**15. IS CLAIM DUE TO AN ACCIDENT? Δ YES Δ NO**

**IF YES, DESCRIBE HOW/WHEN/WHERE THE ACCIDENT OCCURRED:**

**I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM.**
**SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE:** **DATE:**

**I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.**
**SIGNATURE OF MEMBER OR AUTHORIZED REPRESENTATIVE:** **DATE:**

**AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN OR PROVIDER OF SERVICES: I hereby authorize PAYMENT to the physician or provider of service.**
**SIGNATURE OF MEMBER OR AUTHORIZED REPRESENTATIVE:** **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.***