



Student/Dependent Coverage Claim Form

TO BE COMPLETED BY INSURED CLAIMANT.

INFORMATION ON SPOUSE AND/OR DEPENDENTS MUST BE COMPLETED IN FULL BEFORE A CLAIM WILL BE PROCESSED.

1 GROUP NAME (if applicable) _____ GROUP NUMBER (if applicable) _____

INSURED CLAIMANT'S SOCIAL SECURITY NO. _____ - _____ - _____

2 NAME OF INSURED _____ MARRIED SINGLE MALE TELEPHONE NO. _____
 DIVORCED SEPARATED D.O.B. _____ FEMALE () _____

3 ADDRESS OF INSURED NUMBER AND STREET _____ CITY _____ STATE _____ ZIP CODE _____ ACTIVE RETIRED

4 NAME OF PATIENT _____ PLAN I.D.# _____ D.O.B. _____ MALE FEMALE RELATIONSHIP _____

5 EMPLOYER (IF ANY) OF SPOUSE OR DEPENDENT CHILD _____

6 IF STUDENT, NAME OF SCHOOL PRESENTLY ATTENDING _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NO. () _____

IS PATIENT ELIGIBLE FOR MEDICARE? YES NO

7 IS PATIENT HANDICAPPED? YES NO

IS PATIENT A FULL-TIME STUDENT YES NO

8 DO YOU OR ANY OF YOUR FAMILY MEMBERS HAVE ANY OTHER HEALTH INSURANCE? YES NO

IF YES: (A) INSURANCE CO. _____

(B) EMPLOYER (NAME AND ADDRESS) _____

(C) POLICY OR I.D. NO. _____

9 NATURE OF ILLNESS _____

10 IS CLAIM BASED ON ACCIDENT? YES NO AUTO ACCIDENT? YES NO

DID ACCIDENT HAPPEN WHILE WORKING? YES NO OTHER YES NO

DATE AND TIME OF ACCIDENT _____

11 DESCRIPTION OF ACCIDENT (HOW AND WHERE) _____

AUTHORIZATION TO RELEASE: I hereby authorize MVP to release or obtain any information which may be necessary to be payable under this Plan. A photocopy of this authorization should be valid.

Insured Signature _____ Date Signed _____

ARE ITEMIZED BILLS ENCLOSED?*

*An itemized bill and/or claim form is one that shows the patient's name, relationship, date of service, the type of service rendered and the nature of the condition being treated. If any information is missing, please write it on the bill yourself and sign your name.

FOR INFORMATION ON CLAIMS OR BENEFITS CALL

Schenectady 518-370-4793 • Toll Free Nationwide 1-888-MVP-MBRS

PLEASE MAIL COMPLETED FORM AND ITEMIZED BILLS TO

MVP • P.O. BOX 2207 • Schenectady, New York 12301-2207