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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Optum Claims
PO BOX 30760
Salt Lake City, UT 84130-0760

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Form containing 33 numbered sections for patient and insured information, medical details, and billing information. Includes fields for name, address, birth date, insurance policy details, and physician information.

CARRIER
PACIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION