

Medical Claim Form

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 (888) 278-6485
 TTY: (888) 279-1549
 align.sanfordhealthplan.com



Member instructions: Complete and sign section one and give to your provider to complete section two.

Submission of this claim form does not guarantee payment of services. Claims may be delayed for missing information. Submit completed form, along with applicable receipts or itemized statements and proof of payment to Align powered by Sanford Health Plan at the address above.

SECTION 1

Subscriber and Patient Information										
Patient's Name:					Subscriber I.D. Number:					
Patient's Address:					Subscriber's Name:					
City:			State:		Subscriber's Address:					
Zip Code:			Telephone:		City:			State:		
Patient's Birth Date:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Patient Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			Zip Code		Telephone: ()		
Subscriber's Employer:					Are services for a work related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Patient's or Authorized Person's Signature: I authorize the release of any medical or other information necessary to process this claim Signed _____					Date Signed:					

SECTION 2

Date of Accident:			Referring Physician NPI:										
Diagnosis Code:													
A.		B.			C.			D.					
E.		F.			G.			H.					
I.		J.			K.			L.					
Dates of Service:						Place Of Service	Procedures, Services, or Supplies		Description of Services	Diagnosis Pointer	Charges	Days or Units	Rendering Provider I.D Number
From:		To:					CPT/HCPCS	Modifier					
MM	DD	YY	MM	DD	YY								
Federal Tax I.D. Number				SSN		EIN		Patient's Account No.:			Total Charge:		
Signature of Physician or Supplier including degrees or credentials:				Service Facility Location Information:				Billing Provider Info and Phone Number:					
Signed _____				Facility NPI:				Billing NPI:					
Date _____													

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION