

IMPORTANT INFORMATION ABOUT FILING A HOSPITAL CONFINEMENT CLAIM

AVOID DELAYS

Fully complete *the entire Hospital Confinement claim form*. Please refer to the back of the form, which states, “**claim will be delayed if all (6) questions are not fully completed and proper signatures are not affixed.**”

HOSPITAL VERIFICATION NEEDED

You must submit one of the following along with the Hospital Confinement claim form:

- A) An itemized bill on the “**HOSPITAL’S LETTERHEAD**”.
The bill should include the specific dates confined to the hospital and number of days charged for room and board.
- B) Obtain a “letter” from the hospital. If you choose this option, please be sure that it is on the **hospital’s letterhead**; the hospital representative from the billing office or medical records should date and sign the letter that will consist of the dates of confinement [*i.e., the number of days charged for room and board*]
- C) **UB-92 HCFA-1450 OR UB-04 HOSPITAL STATEMENT**

As a friendly notation, computerized printouts, handwritten statements and other insurance statements are not acceptable.

PLEASE DO NOT FORGET THE MEMBER AND PATIENT SIGNATURES