

Claim Identification Form

We can't process claims we can't identify. To help us identify your claim faster, you must complete this Claim Identification Form. Please follow the instructions below.

1. Complete This Claim Identification Form (Claim ID Forms may be photocopied).
2. Attach original bills (bills may NOT be photocopied).
3. Attach copy of "Certificate of Creditable Coverage" from your prior insurer with your 1st claim.
4. Mail to the address below. (Facsimile documents CANNOT be accepted.)

Please submit your claim within 90 days of the date of service.

Star HRG
 P. O. Box 55270
 Phoenix, AZ 85078-5270
 (800) 308-5948

Employee Name		Social Security Number
Home Address		Employee Birth Date
City & State	Zip	Telephone No.
Name of Employer		Has Employment Terminated? Yes <input type="checkbox"/> No <input type="checkbox"/>
City & State		If Yes, Date
Patient Name (if other than Employee)		Male <input type="checkbox"/> Female <input type="checkbox"/>
Patient Relationship to Employee	Patient Birth Date	Is Patient Married? Yes <input type="checkbox"/> No <input type="checkbox"/>
Nature of Sickness, Injury, Diagnosis or Medical Visit		

All Star HRG product policies are issued by The MEGA Life and Health Insurance Company and reinsured and administered by Connecticut General Life Insurance Company. For groups situated in New York, products are underwritten by AMLICO.

I authorize the release for the use by Star HRG of any medical or other information needed in processing this claim. A photocopy of this authorization shall be valid as the original.

This authorization is valid for the term of the policy or contract under which a claim has been submitted.

Signed (Employee, All Claims) X _____ Date _____

Patient or Parent (if minor) X _____ Date _____

Any person who knowingly (with intent to injure, defraud, or deceive the insurance company) files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and maybe subject to fines and confinement in prison.

I certify that each of the statements made as part of this claim are complete and true to the best of my knowledge and belief.

Employee Signature _____