

PART A – CLAIM FORM INSTRUCTIONS (PLEASE PRINT)

1. **READ** both sides of this form and **COMPLETELY FILL OUT PARTS B AND C** (Part D is optional.)
2. **SIGN AND DATE PART E.**
3. Remember to provide your Social Security Number and a copy of the Explanation of Benefits (EOB) from your Major Medical plan.
4. **ATTACH A COPY OF UB-04 FORM FROM YOUR HOSPITAL OR HCFA-1500 FROM YOUR PROVIDER. THESE FORMS ARE THE STANDARD BILLING FORMS UTILIZED BY HEALTHCARE FACILITIES AND PROVIDERS. IF YOU CANNOT OBTAIN A COPY OF THESE FORMS, PLEASE ATTACH ALL ORIGINAL ITEMIZED BILLS** providing complete information on:
 - Provider's Name and Address
 - Provider's Tax Identification and NPI Number
 - Diagnosis Code ICD-10
 - Charges/Cost of each treatment
 - Procedure Codes CPT
 - Place of Service Code

5. **Sign Part D** if you want benefits paid to your provider.
6. **MAKE A COPY OF THIS FORM** for your records.
7. Please mail this claim form and any attachments to:

Bay Bridge Administrators, LLC
ATTN: Claims Dept.
P.O. Box 161690
Austin, TX 78716
Telephone: 800-845-7519
Fax: 512-329-5463

PART B – EMPLOYEE INFORMATION

EMPLOYEE NAME (LAST, first, middle)	<input type="checkbox"/> Male	DATE of BIRTH		SOCIAL SECURITY NUMBER
	<input type="checkbox"/> Female	MM DD YY	____ / ____ / ____	□ □ □ - □ □ - □ □ □ □
STREET ADDRESS		CITY		STATE
				ZIP CODE
PHONE NUMBER		EMPLOYER NAME		EMPLOYER GROUP NUMBER (obtained from I.D. Card)
(□ □ □) □ □ □ - □ □ □ □				□ □ □ □ □ □ □ □

PART C – PATIENT INFORMATION

PATIENT NAME (LAST, first, middle)	<input type="checkbox"/> Male	PATIENT DATE of BIRTH	
	<input type="checkbox"/> Female	MM DD YY	____ / ____ / ____
RELATIONSHIP TO EMPLOYEE (i.e. SELF, SPOUSE)			

PART D – ASSIGNMENT OF BENEFITS

TO BE COMPLETED BY THE EMPLOYEE. DO NOT SIGN THIS SECTION IF FEES HAVE ALREADY BEEN PAID TO YOUR PROVIDER.
 I APPROVE THE PAYMENT OF BENEFITS TO THE DOCTOR OR OTHER PROVIDER SHOWN ON THE ITEMIZED BILL (Tax Identification Number included). I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES NOT COVERED BY THIS AUTHORIZATION.

SIGNATURE OF EMPLOYEE	DATE
	MM DD YY ____ / ____ / ____

PART E - SIGNATURE

Any person who knowingly and with intent to injure, defraud or deceive National Guardian Life Insurance Company files a statement of claim or submits any information in conjunction with a claim containing fraudulent, false, misleading, incomplete or deceptive information commits a fraudulent insurance act, which is a crime. These actions will result in the denial of your claim, and are subject to prosecution under state and/or federal law. National Guardian Life Insurance Company will pursue any and all appropriate legal remedies arising from such fraudulent insurance acts.

SIGNED	DATE MM DD YY / /	RELATIONSHIP TO THE PATIENT IF SIGNED BY OTHER THAN THE PATIENT
--------	-------------------------	---

IF SIGNED BY OTHER THAN THE PATIENT, PLEASE PRINT NAME & ADDRESS AND INCLUDE GUARDIANSHIP PAPERS OR OTHER EVIDENCE OF LEGAL REPRESENTATION

SEND TO: Bay Bridge Administrators, LLC – P.O. Box 161690– Austin, TX 78716

NOTE: Incomplete forms and the absence of itemized bills may delay the processing of your claim.

FRAUD NOTICE

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

The laws of some states require us to furnish you with the following notice:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

